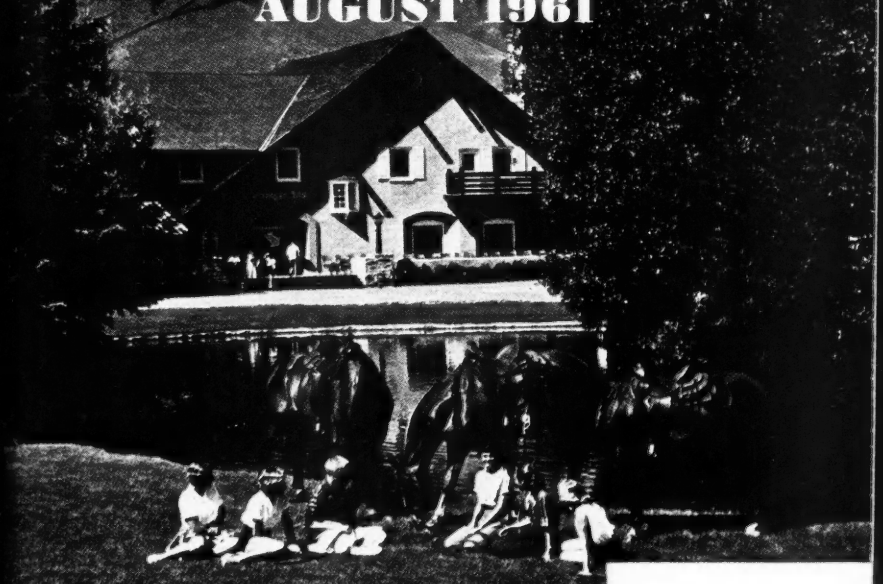
Oral Hygiene

An independent national publication for dentists

OUR 51ST YEAR

AUGUST 1961



A Sun Valley Scene
(see page 84)

In this issue:
RAPID READING FOR DENTISTS

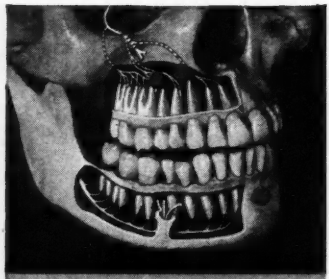
Unique among Dental Anesthetics

CARBOCAINE® HCl

BRAND OF MEPIVACAINE HCl

*consistently produces satisfactory anesthesia **without** the need of a vasoconstrictor*[1-5]

New CARBOCAINE 3% **without** vasoconstrictor produces total anesthesia as effectively as CARBOCAINE 2% with Neo-Cobefrin,[6] although of shorter duration. Onset is rapid.[1,3,8] Soft tissue anesthesia is reduced by as much as an hour.[6] In simple extractions, CARBOCAINE 3% avoids the hazard of delayed hemorrhage and helps prevent alveolitis.[7]



CARBOCAINE HCl 2%

WITH NEO-COBEFRIN® 1:20,000

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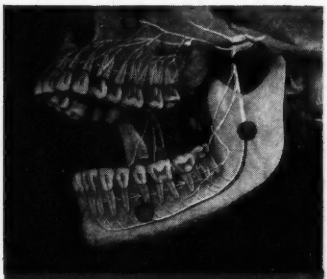
FOR LONGER LASTING ANESTHESIA IN

- oral and periodontal surgery
- quadrant dentistry
- pulp canal work

FOR EFFECTIVE PATIENT MANAGEMENT SELECT THE ANESTHESIA TO SUIT THE PROCEDURE

SUCCESSFUL PRACTICES NEED BOTH!



CARBOCAINE HCl 3%

WITHOUT VASOCONSTRICTOR

FOR SHORTER ACTING ANESTHESIA IN

- those restorative procedures which high-speed techniques have shortened so dramatically
- simple extractions
- children's dentistry

IT'S CARBOCAINE IN ANY CASE... that's the long and short of it!

TWO Anesthetic Solutions that are

TIME CONTROLLED—since you select the anesthesia

WELL TOLERATED—with a wide margin of safety

RAPID—so rapid that onset has been called "immediate"

DEEP—and penetrating because they diffuse readily

COOK-WAITE Laboratories, Inc.

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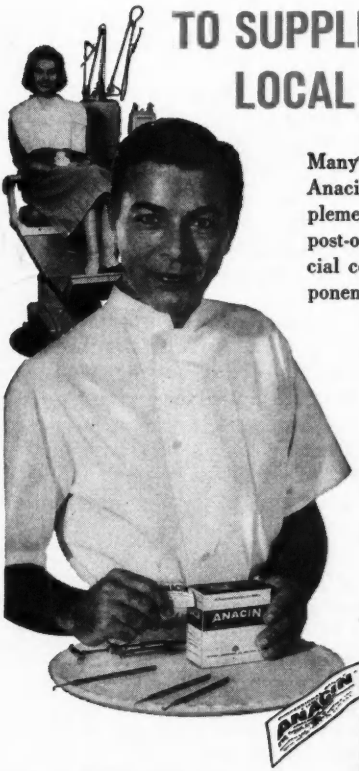
Smoother, non-narcotic analgesia...

TO SUPPLEMENT YOUR LOCAL ANESTHESIA



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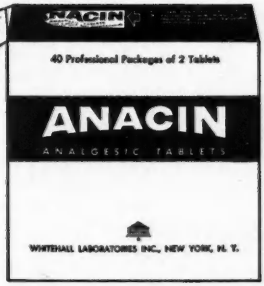

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Buccal Tubes — Ormco; designed to eliminate the food trap. Incorporated also are built-in distal extensions and elastic and tie wire. Made of Chromel, a chrome alloy. Orthodontic Research & Mfg. Corp., 816 Dodsworth Ave., Covina, Calif.

(Continued on page 94)

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Best for over 15 years!

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Audio-Analgesia—Stereo Dental Package; consists of white noise generator, specially designed dental analgesic stereophones, wall hanger for phones and a hand-held control box for patients. Relaxes patients and materially raises the pain threshold. Koss, Inc., Milwaukee, Wis.

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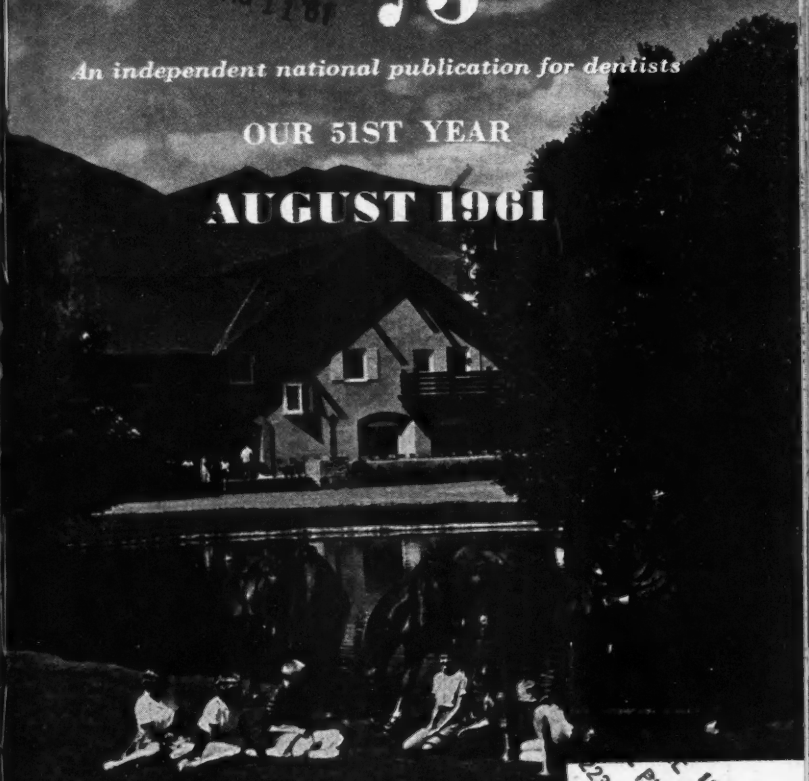

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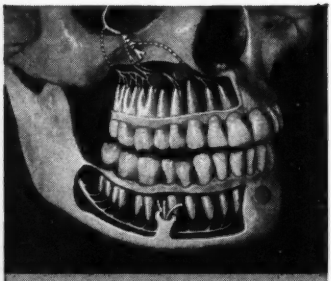

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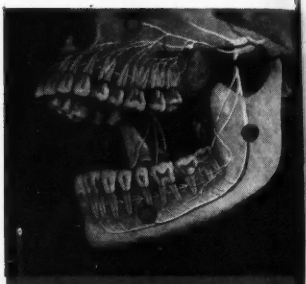

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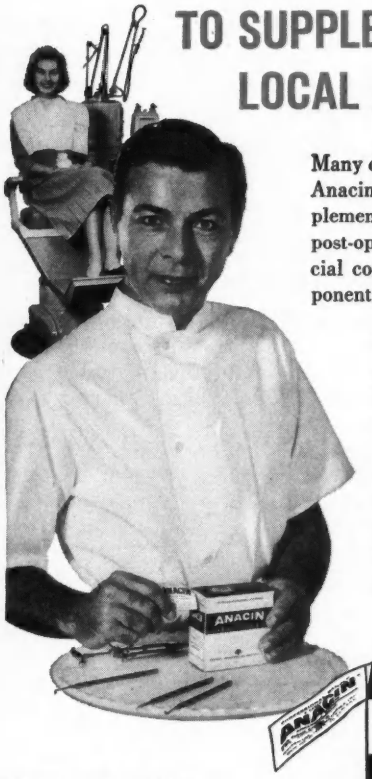

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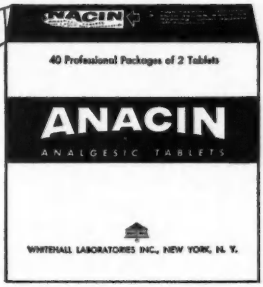

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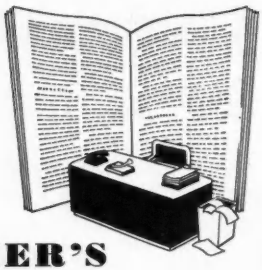

The PUBLISHER'S CORNER

MEDORA, NORTH DAKOTA, AND THE MARQUIS de MORES

THE COVER of ORAL HYGIENE each month features the annual meeting of a state dental society. Chosen usually is an historic site or view associated with the locale of the meeting. One particular cover stimulated a research into an exciting chapter of United States history.

Publicized on the front cover of the July 1960 issue of ORAL HYGIENE was the North Dakota Dental Association's meeting to be held at Williston in September. Pictured was a prairie scene typical of Dakota territory, with a reference to the Bad Lands and the town of Medora which had been founded many years ago by Marquis de Mores. It was further explained in a news item that the Marquis had at one time been pretender to the Crown of France. Our editors did not expect that this would bring interesting comment from a French dentist who practices in Paris!

Doctor Louis Chambrillon wrote:

"In your July 1960 issue, page 20, you speak of Marquis de Mores who founded the town of Medora. He was never a pretender to the Crown of France. During his brief political experience he tended to the popular parties in France. He was not elected as deputy. In 1907, when I was performing my military service, I had the great honor and joy to be a comrade of his son. We were in the same group, which was that of the Duc de Vallombroso Marquis de Mores de Montemagiore—they had the right to enter church on horseback.

"The son, my comrade, was the living image of his father: the same features, same height (1 metre 95, weight 110 kilos). He was expert at all sports, an accomplished horseman. He went often to the United States before returning to France to rejoin the army. He had traveled all over Mexico. During the war of 1914-18 he became captain of artillery. He did not have the same thirst for adventure that his father had."

(*Continued on page* 6)

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Does your present x-ray equipment meet the modern test? Do you have *electro-stabilized* controls for "set and shoot" accuracy, without test exposures? Do you have *full 90-kvp* power for sharp, clear-contrast results? And how about *electronic timing* to fractions of a second?

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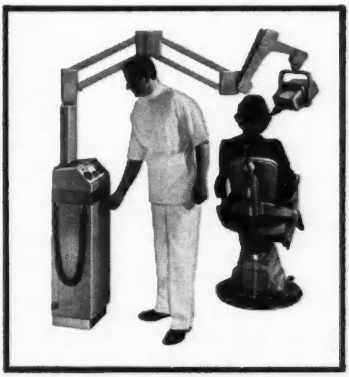

Progress Is Our Most Important Product

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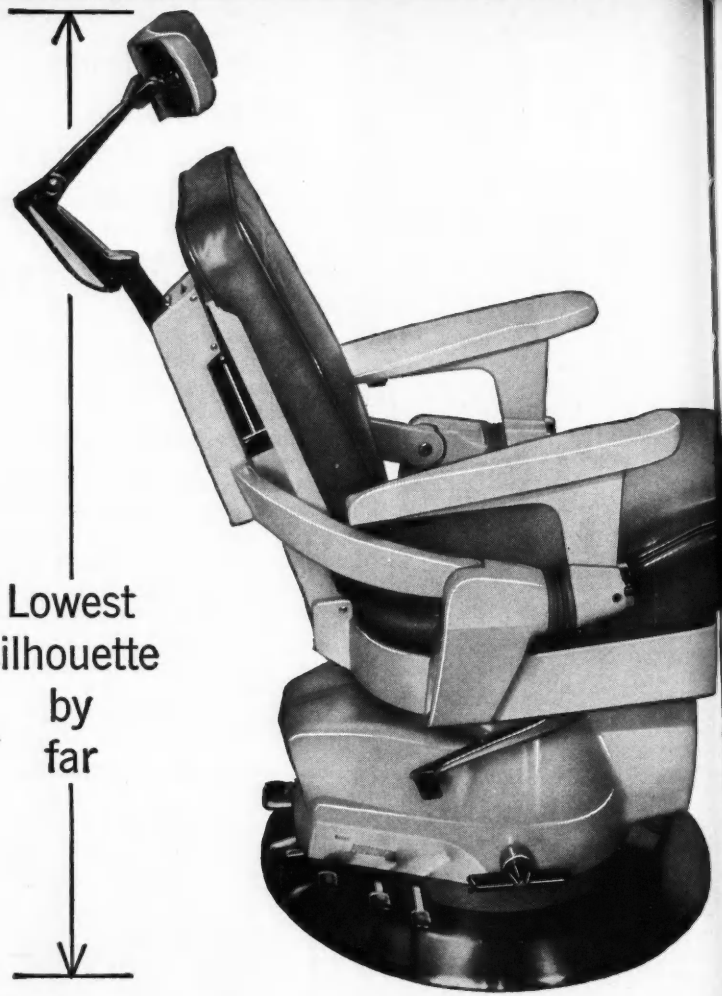

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A Power Chair with all <u>that</u> implies.
A Lounge Chair with all <u>that</u> implies.
For the dentist – minimum motion.
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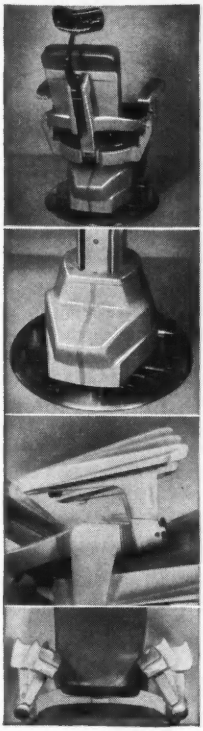

Power-Driven Back—As convenient as power steering. With a touch of the foot, a lever places the patient where you want him smoothly, without effort.

Controls—No matter where you operate, standing, sitting, front, back, right, left, all controls assure you minimum motion.

Contoured Arms—Up and down—arms automatically adjust to patient position.

In and out—Fingertip release permits arms to rotate in or out, or to a "drop" position, to fit narrow, broad, average or small patients.

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As a result of Doctor Chambrillon's letter, ORAL HYGIENE's editors began a search to learn more about the Marquis and the de Mores family. Following are three factual excerpts:

"Early history would be incomplete without some mention of Marquis de Mores and Theodore Roosevelt, two men whose interests should have effected a lasting friendship, but never were friends. Just what brought the Marquis and his bride, the former Medora von Hoffman, to the Bad Lands is not known; but they spent millions in building the town of Medora and a meat packing plant. Other ventures included an 8,000 acre ranch. The Marquis' dreams did not materialize and he left for other fields of adventure. Their home, filled with the French atmosphere of a half century ago, still stands near the town of Medora and is open to visitors at any time." (From *Daughters of the American Revolution Magazine,* October 1936.)

More information about the de Mores family was found in the American Guide Series, Oxford University Press (1950):

"During their residence in America two children were born to the de Mores, a son Louis and a daughter Athenais. A third child, Paul, was born in France soon after the family left Medora. The Marquise died in 1920 as the result of an injury received while serving as a nurse in the First World War. Although she returned to Medora only once (1903), she removed nothing from the chateau to which she had come as a bride. It was left in the hands of a caretaker until its transfer to the state historical society in 1936."

Of particular interest is the account of the Marquis, taken from *Roosevelt in the Bad Lands*[1]:

". . . one day in March, 1883, a striking young Frenchman, who said he was a nobleman, came to Little Missouri with a plan ready-made to build a community there to rival Omaha, and a business that would startle America's foremost financiers. The citizens of the wicked little frontier settlement, who thought that they knew all the possibilities of 'tenderfeet' and 'pilgrims' and 'how-do-you-do boys,' admitted in some bewilderment that they had been mistaken.

"The Frenchman's name was Antoine de Vallombroso, Marquis de Mores. He was a member of the Orleans family, son of a duke, a 'white lily of France,' remotely in line for the throne; an unusually handsome man, tall and straight, black of hair and moustache, only twenty-five or twenty-six years old, ath-

(*Continued on page* 31)

[1]By Hermann Hagedorn, Boston and New York, Houghton Mifflin Company, 1921.

 Published monthly at Pittsburgh, Pa. Volume 51, No. 8. Subscription price $5.00 per year in U.S. All other countries, $6.25. Also publishers of the Latin American edition of Oral Hygiene, Dental Digest, and Proofs, The Dental Trade Journal. Member of Business Publications Audit of Circulation, Inc., and National Business Publications, Inc.

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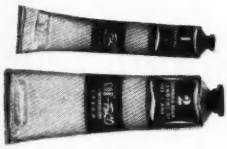
Whether you practice dentistry in an igloo, a tropical hut, an air-conditioned suite, or in the average office where temperature and humidity fluctuate with weather changes, you can depend on Coe-Flo. It's the outstanding ALL CLIMATE full denture impression material because it is formulated to be less susceptible to variations in temperature and humidity than other pastes. In winter cold or summer heat Coe-Flo mixes easily, has NO demanding spatulation time. It flows freely, registers microscopic detail faithfully, muscle trims after 30 seconds in the mouth—and winds up its superb performance by setting rigidly to give you the highest degree of dimensional stability available in ANY impression material! Coe-Flo has a pleasant flavor, is so gentle and mild to the tissues that you get full patient co-operation in its use. Also, it is widely used as a temporary relining material and for stabilizing base plates. Order Coe-Flo now.



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Unconditionally guaranteed for one full year, Broxodent *is available with two interchangeable brushes, a plastic travel case, and a convenient bathroom wall rack, at the better pharmacies, for $19.75. Extra brushes (in a variety of colors) can be purchased separately, two for $.98.*

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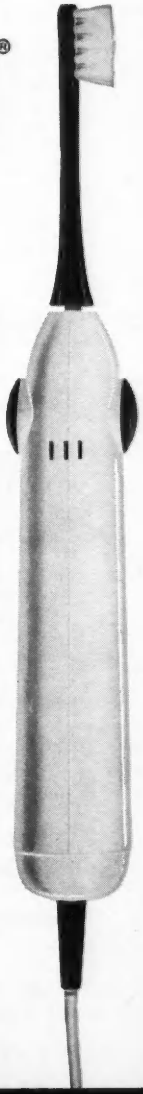

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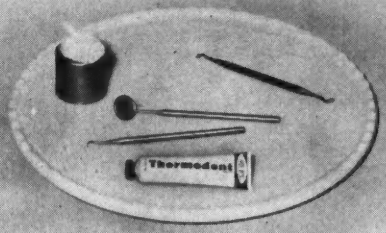

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The desensitizing agents you apply at the chair are effective in relieving dental hypersensitivity, but their effectiveness is often limited by the infrequency of patients' visits. Relief can be obtained *between* office visits with Thermodent Tooth Paste, a desensitizing preparation that patients can use at home in place of their regular dentifrice. A pharmaceutical preparation with over six years of clinical success, Thermodent combines *proven* desensitizing agents in convenient tooth paste form.[1-3]

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1. Fitzgerald, G.: Dental Digest *62*:494 (Nov.) 1956. 2. Abel, I.: Oral Surg. *11*:491 (May) 1958. 3. Toto, P. D.; Staffileno, H., and Gargiulo, A. W.: J. Periodontology *29*:192 (July) 1958.

Thermodent[T.M.] **fundamental in hypersensitivity**

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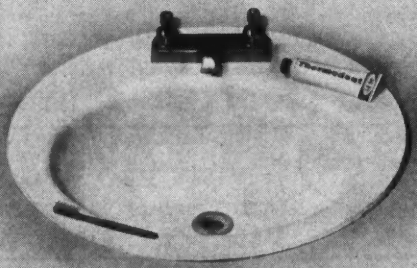

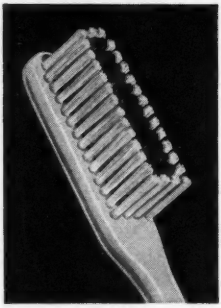

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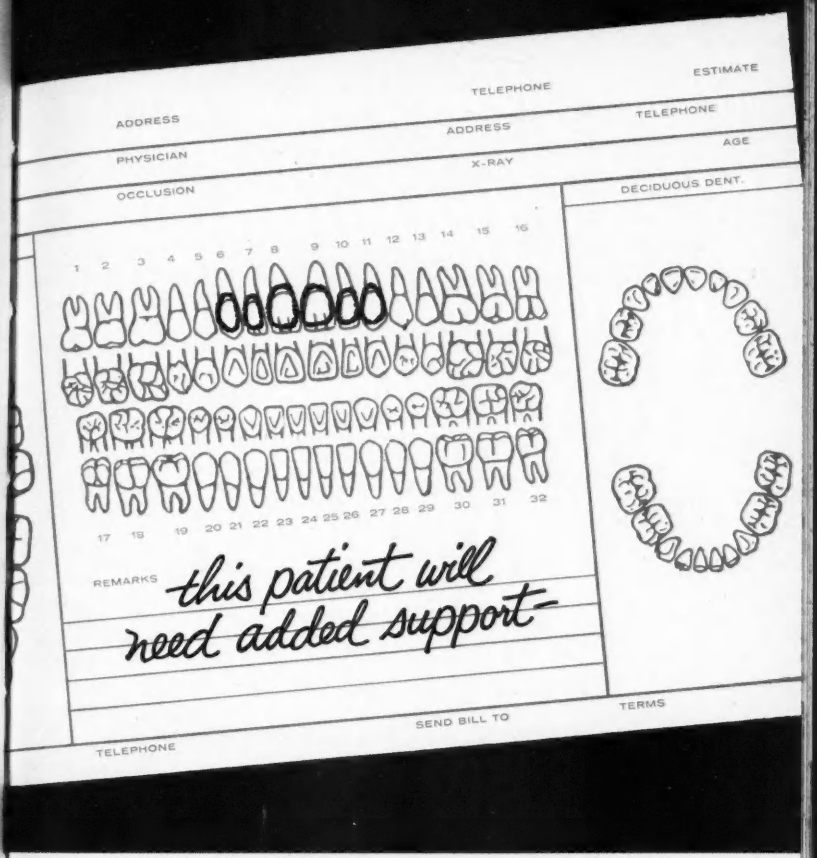

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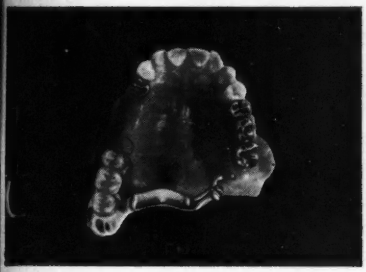

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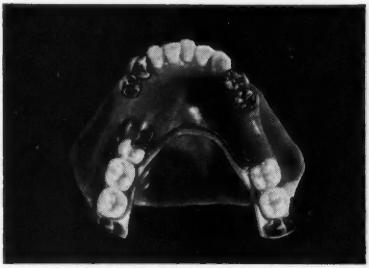

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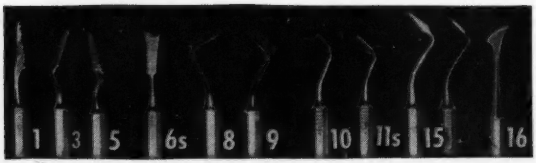

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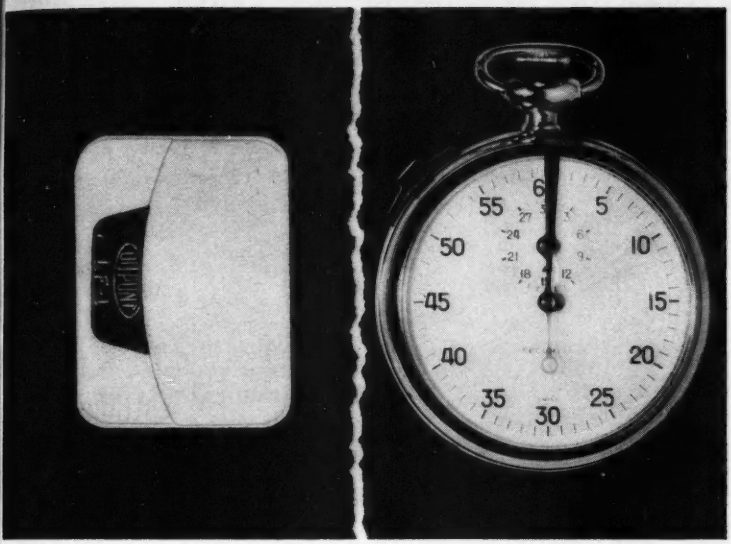

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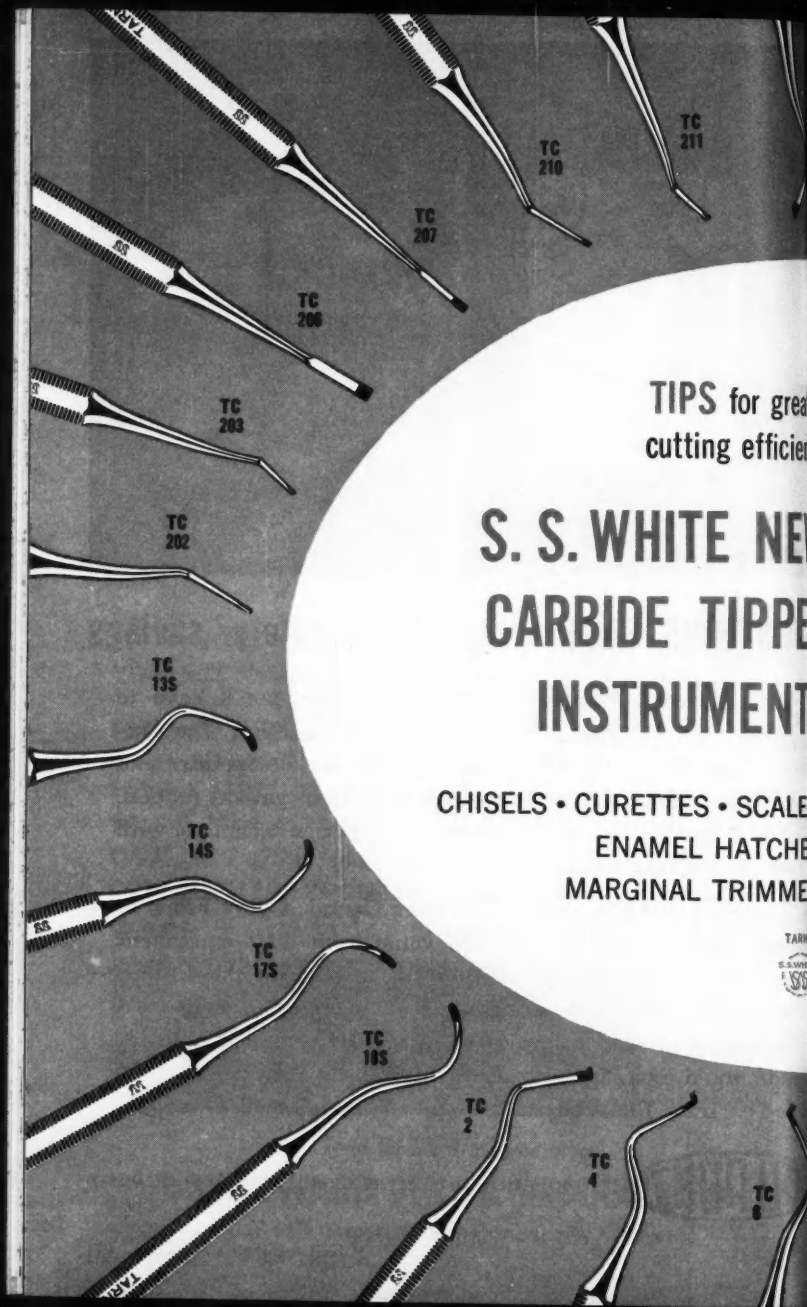
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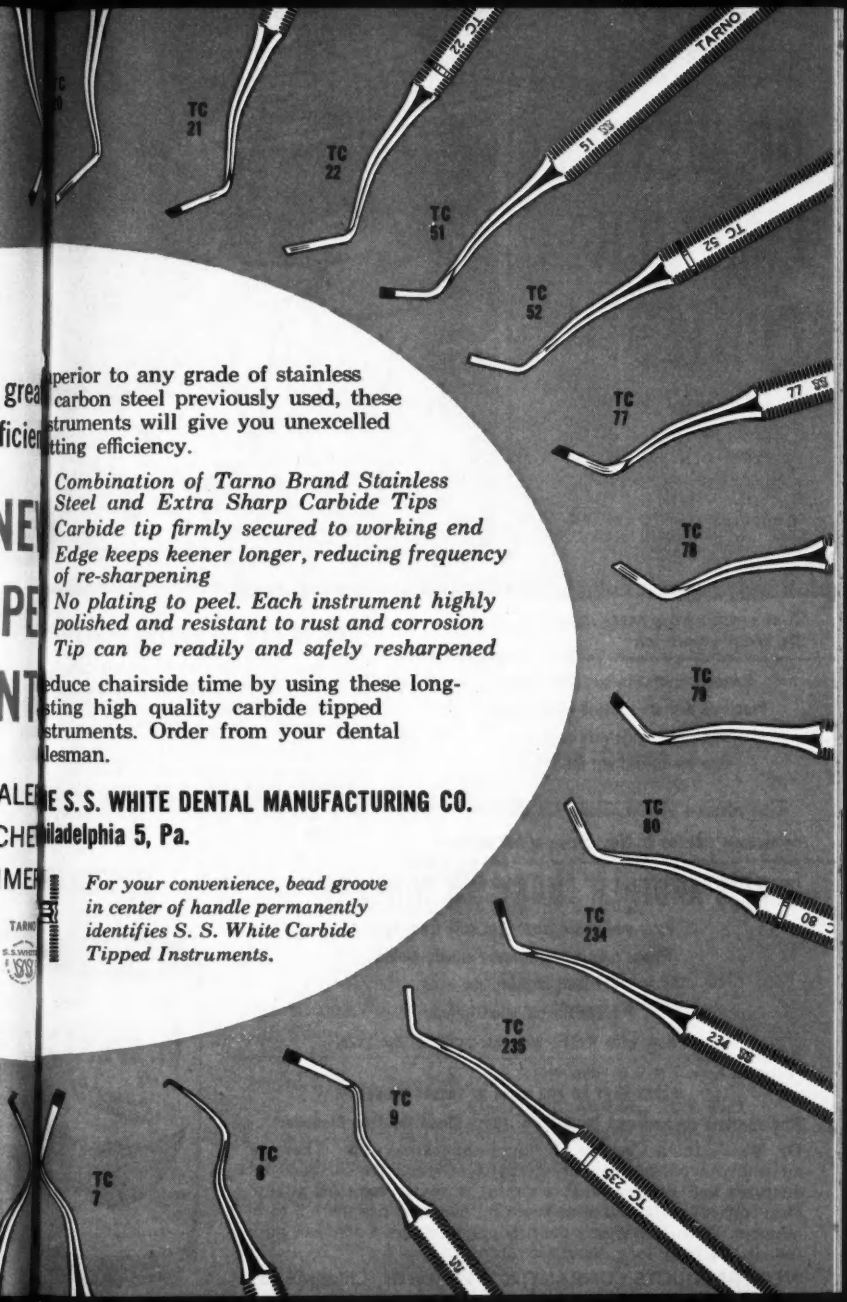

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*Submitted by Dr. S. M. B. of Provo, Utah

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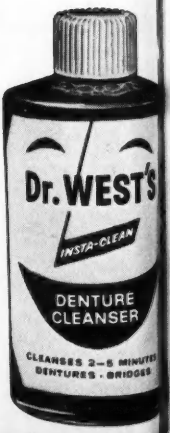

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Oral Hygiene

VOL. 51, NO. 8 AUGUST 1961

AN INDEPENDENT NATIONAL MAGAZINE FOR DENTISTS FOR MORE THAN FIFTY YEARS

EDITOR, *Edward J. Ryan, BS, DDS*
ASSOCIATE EDITOR, *Marcella Hurley, BA*

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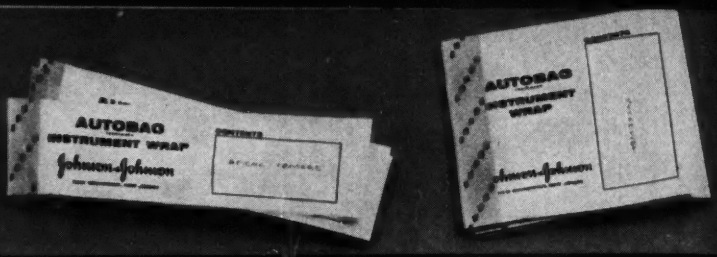

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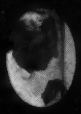

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Picture of the Month

CHANCELLOR George Wells Beadle (left) of the University of Chicago, and Emory W. Morris, DDS, President of W. K. Kellogg Foundation, break ground for the Center for Continuing Education on the Chicago campus, as Mark Patterson, 2½, watches. Construction of the $4,000,000 building is being financed in part by a $2,856,000 grant from the Kellogg Foundation. The new Center will provide hotel accommodations and conference facilities for business men and educators, and additional lecture rooms for the university.—*Photograph by the Chicago Tribune.*

Ten dollars will be paid for the picture submitted and used in this department each month. Send glossy prints with return postage to ORAL HYGIENE, 708 *Church Street, Evanston, Illinois.*

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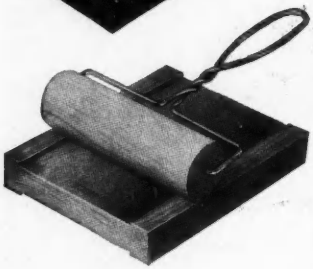

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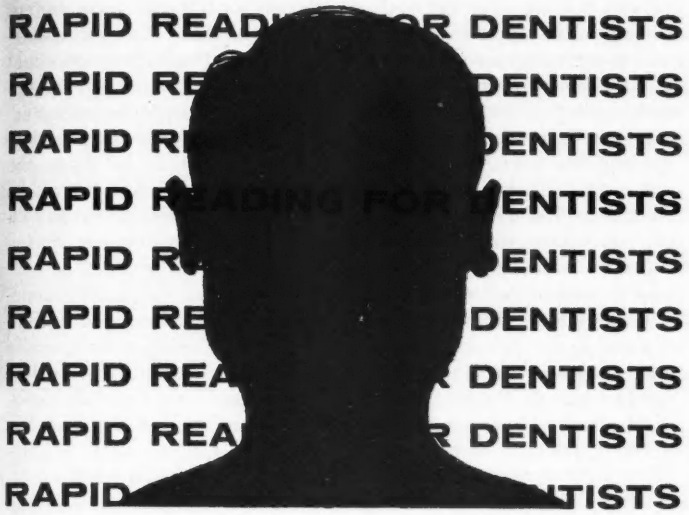

RAPID READING FOR DENTISTS

*By LOUIS ANAPOLLE, DOS**

This author gives specific instructions for increasing your reading skill so you can read, comprehend, and retain more information in less time.

To KEEP abreast of the advances in his profession, the dentist must read dental journals for reports, articles, and news; he must study publications for new techniques; and he must digest the latest books on research. In addition to professional reading, the dentist must devote some of his leisure time to pleasure reading—daily newspapers, news magazines, and possibly a current best-seller. He may spend from two to six hours daily keeping up with the current news and dental literature.

If you can learn a few basic techniques of efficient reading, you may double or even triple your present reading speed without any significant loss of comprehension. Most adults read about 250 to 300 words per minute. If you read at the rate of 350 to 500 words per

*Doctor Anapolle is a member of the faculty of the Massachusetts College of Optometry, a Fellow of the American Academy of Optometry, and immediate past president of the Massachusetts Society of Optometrists.

minute, you are doing better than average, although you might be able to increase your reading rate to 600 or more words per minute with some practice. Just think, *if you can increase your present reading rate only 100 words per minute, it will take you only forty minutes to read what it now takes you one hour to read.* As a result, you will be able to devote more time to your avocational pursuits.

Pointers For Efficient Reading:

First, plan a definite time each day or evening for your reading practice session. For the majority of dentists the best possible time would be perhaps during the evening hours. If the evening hours are best suited for your reading practice, I would recommend the specific time interval of 6 PM to 8 PM, for it is during these hours that the fatigue curve is at its lowest point. Under no circumstances do I recommend that reading practice be taken in bed even though you may be an avid "bed reader"!

Second, select a comfortable chair, avoiding, if possible, the various distractions of the average household—radio, television, high fidelity music. Be sure to utilize sufficient illumination, avoiding the sharp contrast between a brightness of the book and the darkness of the surrounding area. According to lighting experts, the recommended minimum for prolonged reading should be 40 foot-candles. As an arbitrary rule of thumb, a 150-watt incandescent bulb in a table lamp approximately 26″ from the reading task would be adequate illumination to supply the necessary foot-candle power. Try to avoid shadows or glare sources that tend to annoy the reader. Make sure that you will be reasonably comfortable in a well-illuminated environment during your reading assignment.

Third, select the reading materials that you will enjoy to the fullest extent during your practice sessions. Learn to read for a definite purpose—for the daily news, for general information about a particular subject, or for your personal pleasure and relaxation.

Fourth, time yourself daily as a check on the progress of your reading skill. Use your own watch, an alarm clock, or even a three-minute egg timer—but pace yourself! Read for a short period of perhaps five minutes and count the number of words you have covered in that interval of time. Set yourself the goal of a number of pages that you should cover in half an hour at a given pace. Keep pushing ahead at all times for greater speed!

Widening Your Eye Span:

Since it is a fact that the majority of slow readers are usually word readers, it is imperative that you learn how to widen your visual span from single words to short phrases and eventually to whole thought units.

Increasing the span of visual recognition will enable the slow reader to take larger "visual bites" of each sentence as he mentally consumes each paragraph of an article. To do this effectively, it is necessary to practice breaking down sentences into meaningful phrases in a systematic manner. (The simplest method is to underline each phrase or to draw a diagonal line following each phrase of a given paragraph. You will find that this technique of scoring meaningful phrases is most helpful in developing the habit of rapid reading.) Try this method / of phrase reading / while perusing / your daily newspaper. / Before reading the editorial / fold over the newspaper / in vertical fashion / and / score the meaningful phrases / in the predescribed manner. / After practicing this technique of scoring for several weeks, you may terminate the actual underlining of each phrase, for your eyes and your brain will follow suit as the habit becomes well developed.

Comprehension Training:

After you have finished an article in a newspaper or magazine, have you ever said to yourself: "I don't know what I've read!" Such a statement is a contradiction in itself because *reading means understanding*. If after completing an article you have no idea of what it's all about, you just did not read it—*you only saw words!*

The effective reader is the person who attempts to extract every drop of knowledge from each selection. Whatever you are reading try to interpret the main concept that the author is trying to express. Furthermore, it is one thing to understand (comprehension) what you are reading, and it is another thing to remember (retention) what you have already read. The ultimate goal of effective reading is to improve your reading speed to its maximum potential with the highest degree of comprehension.

Increasing one's reading speed does not necessarily mean a loss of comprehension. It is true that the comprehension curve may show a downward trend as the emphasis is placed on faster reading. As the techniques of phrase reading become more flexible, the comprehension curve shows an encouraging upward trend. If you wish to read faster than you normally do, remember that the main objective is to understand and be able to recall what you have read.

Rules For Improving Comprehension:

First, read with an alert mind for better comprehension! Learn to look for something whenever you read. In pleasure reading you may be only interested in passing a few idle hours in enjoyment. This is light reading (fastest speed) for relaxation without any specific purpose in mind but enjoyment. However, while perusing

your favorite evening newspaper, you may be interested in facts and figures as you consult the sports page or the financial section. To gather information for a report on any technical subject, you may find it necessary to consult a textbook or encyclopedia for specific information. Whatever your purpose in reading, learn to put your mind to the task, for concentration will aid in improving your comprehension.

Second, find your information as quickly as possible! In selecting your reading material for the evening learn to utilize the table of contents or the index. Frequently, a well-written book will have a table of contents with brief summary statements that will serve as an excellent guide in effective reading. Also, learn to identify the paragraph as the basic foundation of a well-written article. Each well-built paragraph consists of a topic sentence and one or more supporting statements. By constant practice you will learn to spot the "topic sentence" in any given paragraph. Develop a technique of paragraph reading so that as soon as your eyes alight upon a printed page, you will see the paragraph as a unit of writing as expressed in its topic sentence. Summarizing the topic sentences of any article is an excellent method of developing your comprehension and retention.

Third, learn to read for main ideas! Do not waste valuable reading time on minor details. Learn to sift the important facts from the insignificant items. Each technical article usually consists of a minimum of fact and a maximum of trivia. Through frequent practice an effective reader can develop the knack of separating the important from the unimportant.

Watch for changes in typography (bold face printing), *italics, underlined statements,* indenting, and other special typographic devices. These are methods used to assist the reader to more effective reading. Look for key words and key phrases that point up the particular article. A glance at a graph, a map, or a chart, may convey more information in one instant than several columns of print. Quiz yourself on the main idea of any article or chapter of a book after completing the reading and compare your interpretation with that of the author in his summary.

Fourth, utilize the technique of visual impression! To build a more lasting retentive memory, it is advisable to write down a summary of the important facts of an article. Jot down the names, places, dates, or figures mentioned. Note taking is another important part of active reading. The best rule is to record in the shortest time exactly what you will need in the future. Underlining key statements, writing marginal notes, or utilizing 3 x 5 inch cards are practical meth-

ods of developing a lasting visual impression. Occasionally you should check back with the original article for accuracy. To aid one's retention further, it is advisable to use some form of mnemonics in remembering facts or figures. (Mnemonics is the art of improving your memory efficiency.) The most frequently used techniques of mnemonics are: (1) alphabetic sequence; (2) numerical order; (3) chronologic order; (4) acrostic form; (5) association; and (6) rhyme. Finally, practice retention by trying to remember names of persons you meet, addresses, telephone numbers, and other items. Retention begins with your own psychologic outlook—*you can only remember if you want to remember!*

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USE OF MOUTHGUARD REDUCES ACCIDENT PREMIUM FOR WASHINGTON SCHOOLS

"Schools which require the use of mouthguards for body-contact sports will qualify for a reduction of 15 per cent in the premium charged for athletes' coverage under the Washington Dental Service school dental accident plan," according to Doctor Calvin C. Christensen, president of the Dental Service, a nonprofit organization sponsored by the State Dental Association.

The Washington Dental Service has instituted a program to encourage the use of mouthguards for the protection of students' teeth in school athletics. Its school dental accident plan is available throughout the State of Washington at the option of schools and local dentists.

THE PUBLISHER'S CORNER

(Continued from page 6)

letic, vigorous, and commanding. He had been a French officer, a graduate of the French military school of Saint Cyr, and had come to America following his marriage abroad with Medora von Hoffman, the daughter of a wealthy New York banker of German blood.

"His cousin, Count Fitz James, a descendant of the Jacobin exiles, had hunted in the Bad Lands the year before returning to France with stories of the new cattle country that stirred the Marquis' imagination. The Marquis arrived in Little Missouri with his father-in-law's millions at his back and a letter of instruction to Howard Eaton in his pocket.

" 'I don't think you have any idea how much stock comes over the Northern Pacific,' Eaton remarked.

" 'It doesn't matter!' cried the Marquis, 'My father-in-law has ten million dollars and can borrow ten million more. I've got old Armour and the rest of them matched dollar for dollar.' "

All of this was the result of a passing reference to Medora, North Dakota, in July 1960 Oral Hygiene. Thanks, Doctor Chambrillon.

The High Schools Can Train Den

Cooperating with the high schools in their on-the-job training

THE CRITICAL shortage of trained personnel in all fields has affected the dental profession as well as general industry. The supply of experienced dental assistants is woefully inadequate to meet the present demand. Institutions catering to the training of such personnel either do not have a large enough enrollment to produce the necessary number of assistants needed by the profession, or there are not sufficient schools to do the training.

However, there is a plan that can be put into operation that would undoubtedly help alleviate this shortage, and at the same time, assure the dentist of a future supply of trained assistants. The advantages of this plan lie in the fact that it is a cooperative one; it costs little; and the training program is flexible enough to be adjusted to the requirements of the individual dentist. This is the plan and how it works:

For some time, many high schools have instituted a joint program of regular academic instruction coupled with job training. This means that various commercial, business, and professional or-

*The author is enrolled as a doctoral student at Rutgers University, New Jersey. She has been a dental assistant for seven years, and is now doing substitute teaching in a Red Bank, New Jersey, high school.

Dental Assistants

By EVELYN S. KRAUT, BA, MA*

training programs may be to your advantage.

ganizations have offered their facilities on a part-time basis to train and give experience to interested upper-grade high school students. For instance, students majoring in stenography and typing, or clerical practice, may spend part of their junior and senior years in an established business office taking actual dictation and transcribing it. The clerical student may have practical experience in filing procedures and see these procedures in their true relationship to the operation of the business. The student studying a trade may work in a shop or factory where his skill is employed.

There is no reason why the dental office could not underwrite a similar program. Briefly stated, it could run along these lines: First, the program would be organized with the approval of the local dental society in conjunction with the cooperating high school. Then, the details of the plan would be carefully worked out to insure its maximum success. Some of these details would be: (a) the type of student desired as a dental assistant; that is, physical, mental, and social qualities; (b) the general duties of the dental assistant and the skills to be taught; (c) the working schedule; (d) the basis for recognition of services rendered by the student—remuneration or voluntary service; (e) the criteria for evaluation of the student's efforts; (f) and finally, job opportunities or placement.

A program of this type can best be carried out when it is endorsed by the dental society and is formulated jointly with the cooperating school. Under these circumstances the individual dentist has the approval of his society to participate, thus avoiding unfavorable criticism while the plan itself will be evolved by the school following recognized curriculum principles and practices. The details of the program itself must be clearly set forth.

What kind of a student is most desirable as a dental assistant? Does manual or technical dexterity, personality, or good looks rate along with scholastic ability? How important is physical or emotional

maturity? Just what are the qualifications we feel are most important in developing a good dental assistant? Surely among these characteristics, we are seeking a girl who is interested in a career as a dental assistant, one who likes to meet people, who can speak confidently on a telephone, and is capable of handling details without fluster or complaint. Once having decided upon these factors, the first step of the screening process in the training of desirable future personnel has been accomplished.

Your Part In Training

Next, we come to the duties which are to be taught—administrative and chair-side—and who will teach them. Obviously the student should have at least a passing acquaintance with all aspects of office practice. She should be introduced to the nontechnical working areas first, such as the filing system and the method of recording patient data. She should know the various clerical materials used, such as statements, letterheads, appointment cards, appointment book, patient receipts, and stock forms (recalls, collection letters, and referral acknowledgments). She must be indoctrinated thoroughly as to the proper manner of handling people in the office, and over the telephone. Last, she must learn to coordinate all these phases of administration into a smooth-flowing process that will utilize her potentialities and make a contribution to the efficient operation of the office. Having once mastered these skills, she is ready for chair-side duties.

Naturally, a slow introduction must be made to the technical procedures required of a dental assistant. The most reasonable type of instruction would entail teaching first the basic ABC's of chair-side assisting. This might include bibbing the patient, adjusting the chair, cleaning off the tray and replacing used explorers, mirrors, and cotton tweezers on a new bracket cover, and supplying clean water cups and saliva ejectors. Later, she can graduate to mixing amalgams, cements, silicates, and pouring, while learning too, how to sterilize instruments and develop x-rays. She can even be taught how to take x-rays and mount them. If you get this far, *you've got yourself a dental assistant!* However, someone has to do the teaching. The problem is, who? In offices employing two or more assistants, it is hoped that the program of instruction can be rotated among them. Where there is one assistant, the burden of the instruction falls to her, in some *preconceived organized* manner, without loss of efficiency to the dentist. In offices with no assistant, the dentist is in complete charge of the training program.

Arranging the time slots for professional training is a problem,

as it must not interfere with the student's academic studies, and yet it must be at a time of day when the training can be given in the dental office. These details must be worked out between the school and the individual offices participating in the program.

The manner of recognition for services rendered is another matter that needs serious attention. There must be a definite policy established as to how the student is to be considered—an employee or a student. Whatever the decision, remuneration or voluntary service, the student must understand this aspect of the training program to avoid confusion and embarrassment to the parties involved. Such details as working papers, minimum wage laws, and tax deductions are as applicable in this situation as in an ordinary employment situation.

A set of criteria for evaluating the student's efforts is essential. The school expects a report on her aptitude and progress, and the dentist must fulfill this obligation to the school. These criteria place emphasis on good workmanship, effort, initiative, and proficiency, as well as other standards mutually agreed upon by the two professions.

The implications of this cooperative program are immediate and far-reaching. These students receive on-the-job training under actual experience situations, in a single office or in many offices. During the school year, these students are available to relieve the pressure when appointments are heaviest; that is, the hours between 3:00 and 5:00 PM. They can work on Saturdays, and some may be able to work evenings. Over the summer months, they can replace vacationing assistants. Sickness and other emergencies need no longer upset the dental office; the trainee can temporarily step in to take over the assistant's duties. Dentists, too, are more comfortable in knowing that unexpected vacancies or anticipated openings can be filled by trained personnel. Running lengthy advertisements and interviewing candidates can be reduced to a minimum. While the supply may never be as large as the demand, at least there is an organized program designed to meet the needs of the dental profession, and at the same time fulfill the obligation of public instruction.

These observations are the barest considerations given to the possibilities of such a program. If you as a member of the dental profession see merit in it, urge that a member of your local dental society call on the Board of Education, from which point action may be initiated.

3-5 *Silverwhite Avenue*
Little Silver, New Jersey

Dentistry a

This detailed report on the operations of a prison dental department shows that the inmates are receiving the best dental treatment possible.

THERE is a curiosity within everyone regarding occurrences in a penitentiary. Motion pictures are made, articles written, and stories told concerning almost every activity of prison life. However, a report on the dental care afforded the men and women confined in our federal penitentiaries has been neglected, and little effort has been made to advise the dental profession of the manner in which dentistry is practiced "on the inside."

While this article describes dentistry as practiced at McNeil Island, Washington, the procedures, equipment, and care, are similar in the other 32 federal prisons and correctional institutions located in twenty-two states.

Physicians and dentists assigned duty in federal penitentiaries are commissioned officers in the United States Public Health Service. There are also medical technical assistants assigned who are chosen through competitive civil service examinations. All must pass exacting examinations, and must, of course, have excellent reputations, as well as character references.

Our dental office is excellently equipped. In addition to a dark room, we have four modern units, two of which have hydraulic chairs. There are also an air-driven high speed handpiece, dental x-ray unit, aspirator, autoclave, and the various smaller but equally important items necessary for peak operating efficiency or safety.

Adjoining the dental office is a small laboratory equipped to handle our prosthetic service. This laboratory is staffed with inmate personnel trained at the Central Dental Laboratory of the Federal Bureau of Prisons or by the dental officer.

*Doctor Rowberry has been with the US Public Health Service since January 1958, and holds the rank of Dental Surgeon. He has been serving at McNeil Island more than three years.

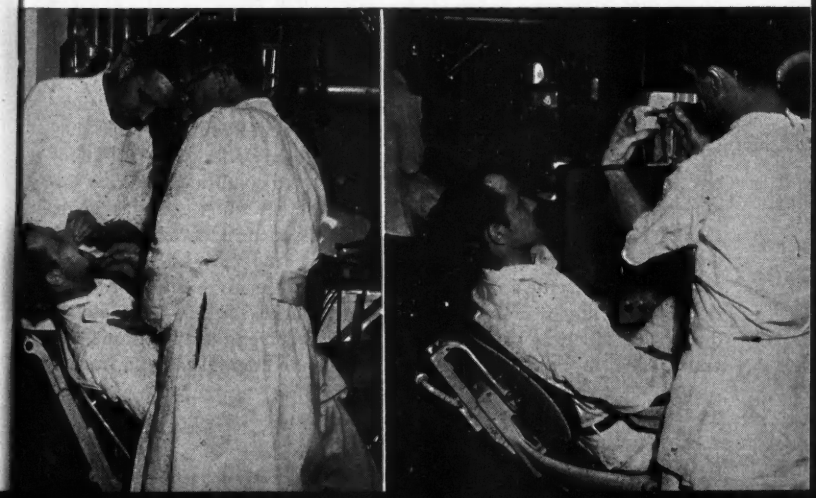
a Federal Penitentiary

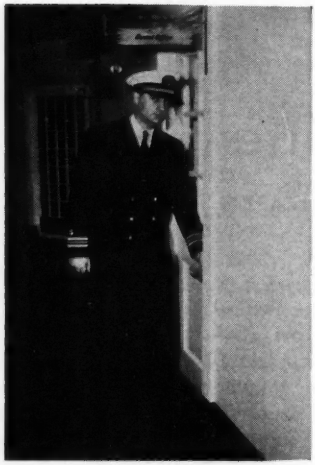
By STEWART H. ROWBERRY, DDS*

In addition, the dentist is permitted to make full use of other facilities in the modern 100-bed hospital, which is fully accredited by the Joint Commission on Accreditation of Hospitals. Since the dental clinic is located on the first floor of this hospital, all facilities including medical records are readily available.

Opportunities for consultation are excellent. There is an outstanding spirit of cooperation between the medical and dental departments. Each understands the importance of consultation and any question as to whether a medical or dental problem exists is quickly eliminated. If necessary, outside consultants in any of the various medical specialties are available. Biopsies may be taken and sent to the Pathologist at the US Public Health Hospital in Seattle, Wash-

Doctor Rowberry, Dental Officer (left), and Doctor Henry H. Kyle, Chief Medical Officer (right) examine patient having a medical-dental problem.





Doctor Rowberry entering dental office.

ington. He will readily discuss all specimens submitted and always gives a written report of his findings.

Study models and roentgenograms may be mailed to the Dental Director of the Medical Center for Prisoners at Springfield, Missouri, who will readily make recommendations, particularly in the specialty of prosthetics, based upon his long experience in dentistry. The Dental Director also supervises operation of the Central Dental Laboratory at Springfield, an ideal situation which places a trained dentist at the scene of fabrication for any necessary prosthesis. This laboratory is equipped and staffed to handle any prosthetic problem that may arise.

As each inmate is admitted to the penitentiary, he is given a complete physical examination, part of which is a dental examination. Recommendations are placed on the dental record. Since some inmates do not want dental care, no attempt is made to give recommended care for all the confined men; instead, each individual is given a mimeographed sheet entitled "Dental Information for Inmates."

This contains information regarding the "dental sickline," method of obtaining regular appointments, type of service available, and other facts which assist the inmate in obtaining recommended dental treatment.

An inmate may obtain dental care in a variety of ways, one of which is the dental sickline held five days per week. Any inmate has the opportunity to talk with the dental officer at this time if a dental problem exists. Acute cases are taken directly to the dental clinic from the sickline.

The inmate's supervisor may call the dental office anytime during regular working hours if an inmate has a condition requiring immediate attention such as acute pulpitis or an infection. The dental schedule may be readily adjusted to enable care for these emergencies.

To receive regular, routine, recommended dental care, an Inmate

Request Slip is submitted by the inmate to the dental officer. This is, as the name implies, a written request for dental care. Upon receipt of this request, the man's name is placed on the proper list and an appointment made at a later date. No actual times nor dates are promised as our appointments are made on a daily basis.

Each day, the dental officer makes up his appointment schedule for the following day and sends the information to the associate warden for inclusion in the Daily Call-Out Sheet. This lists all appointments for dental, medical, social, or other activities which will take the men away from their regularly assigned duties or locations.

Patients requiring oral surgery are first sent to the medical laboratory for a record of bleeding and coagulation times. A written consent is also obtained before the anesthetic is administered whether it be general or local. Roentgenograms are taken before any extractions are made, medical records are checked, and all patients having multiple extractions are admitted to the hospital for post-extraction care.

Other dental service performed is the same as offered by the general practitioner, with this exception—fixed bridges or gold work are neither fabricated nor furnished. Whenever gold is the necessary restorative material, permission must be obtained from the Director in Washington, DC.

Quality of service rendered must be the best which the dentist is capable of producing. Not only is it a professional obligation, but the patients are extremely critical. They are constantly comparing the outward appearance of their restorations with that which another inmate has received "on the street." The dental assistants also make use of our dental library and are soon mentally comparing the dentist's cavity preparations to those in the various operative or prosthetic books. Another factor is time—it takes less time to give correct treatments than to replace or redo faulty dentistry.

Any inmate may refuse treatment if he so desires, and the dentist will render aid at a later date when the inmate decides to have it.

Patients' Complaints

Should an inmate be displeased with any service rendered, he has many means of directing complaints. He may request an interview and examination by the Chief Medical Officer, discuss the situation with his caseworker; or if still not satisfied, the Warden will grant an interview.

If satisfaction is not obtained from these, he may write to the Medical Director of the Bureau, the Director of the Bureau of Prisons, or to the Surgeon General. All

six officials are interested in obtaining the best care possible for the inmate, and will make the necessary investigation through the dental department or one of our consultants concerning the problem. At this point, I must emphasize that the indicated care is given if requested, but that at times this is not exactly what the inmate has in mind. An example is the placement of indicated alloy restorations, even though the desire of the patient is a complete full extraction with replacement by prosthetic appliances.

Perhaps the greatest problem is that of patient education. Many of the patients have never received proper training in the manner of brushing the teeth, the need for regular dental examinations, or the value of oral prophylaxis. One third of the inmate population wear dentures and require instruction in the care and maintenance of these appliances. Some attempt to adjust the periphery themselves by any one of a variety of ways. Those working in the barbershop may scrape the denture with a razor; those working in the machine shop make use of the abrasive wheels, while those on labor crews merely rub the denture back and forth on the cement sidewalk. All are effective in reducing the periphery, but none result in a satisfactory, comfortable, esthetic appliance.

Various methods of education have been tried; however, the most successful is that of chairside instruction. Inmate personnel assigned to the dental staff are taught its importance and handle well the task of chairside education. Models are used frequently to show proper methods along with results of adequate and inadequate care.

Several means are used to teach selected inmates their duties as chairside assistants or laboratory technicians.

Dentistry in a federal penitentiary is not too different from that in a private office. The means of entering may be a little more complicated with a few more doors to unlock; security measures (a daily syringe, needle, and instrument count) may be a little more rigid; the patients may all be dressed alike, but definitely not in the black and white garb depicted in motion pictures. The manner of appointments may vary, however, the daily appointment system of the prison service has definite advantages; but the fact remains that whether we are practicing "inside" or "outside," dentistry is the greatest profession of all and should be a matter of pride for those of us fortunate enough to have it as a vocation.

US Penitentiary
McNeil Island, Washington

So You Know Something

About Dentistry!

By ROLLAND C. BILLETER, DDS

Quiz 203

1. The most common of all cavity preparation failures (a) is, (b) is not, found where there is inadequate extension on the proximal surfaces. . . . . .

2. True or false? Every occlusal change produces concomitant positional changes of both condyles within the temporomandibular joints. . . . . .

3. With high-speed rotary instruments the instrument (a) should, (b) should not, be allowed to gain maximum speed before placing it in contact with the tissue. . . . . .

4. Does insufficient salivary flow make denture retention difficult? . . . . . .

5. Rubber base materials are (a) extremely reversible, (b) limited, in application. . . . . .

6. What is the disadvantage of fast-setting zinc oxide and eugenol mixtures as liners under silicate cements? . . . . . .

7. True or false? Both the oral hard and soft tissues may be considered a barometer of the organism as a whole. . . . . .

8. Is surgical asepsis necessary during any minor or major surgical procedure on diabetic children? . . . . . .

9. Vasoconstrictors or styptic agents are of (a) considerable, (b) little, benefit if an artery or vein has been severed. . . . . .

10. What causes blurred images on roentgenograms? . . . . . .

FOR CORRECT ANSWERS SEE PAGE 59

Incorporation of th

This comparison of a corporation and a partnership may help you decide which is best for your practice.

WHEN several dentists decide to come together in the same office space or building and form a dental clinic the question often arises, "Should we incorporate our clinic or should we operate as a partnership?"

According to the laws of many states, a corporation cannot engage in dental practice. Dentistry is a personally acquired science and skill and cannot be practiced as such by a business organization. Thus the "Acme Dental Corporation" cannot engage in dental practice. However, there is nothing to prevent Doctors Smith, Jones, Brown, and Williams from associating themselves together for the practice of dentistry. They may build or rent office space together, purchase equipment, borrow money, hire technical and secretarial personnel, set up their own laboratory, and generally do business together, as individuals. For the purposes of this business side of their practice they may incorporate. In other words, Acme Dental Company cannot extract or restore teeth, but Doctors Smith, Jones, Brown, and Williams can as individuals, and can associate themselves together for business purposes. They can incorporate their business (not their personal or individual practice) just as the drugstore can.

Organizing a corporation is a fairly complicated procedure. A corporation cannot be created by mere desire. Neither can it be

*Mr. Allen is a member of the Alabama Bar. At present he is City Attorney for Uniontown, Alabama, where he also conducts a private practice. He does free-lance writing as a hobby, and has had numerous articles published.

Dental Clinic

By WILLIAM H. ALLEN, JR, LLB*

brought into existence by the agreement of the parties alone. A corporation can be formed only by the authority of the state government.

A corporation is an organization or association of persons endowed by law to act, within certain limits, as a legal and natural person. As a legal person a corporation has certain characteristics that set it apart from other types of business forms. It is necessary to understand these characteristics before it is possible to see the advantages or disadvantages of the corporate form.

The principal characteristics of the corporate form are as follows:

1. A corporation is perpetual. The death, withdrawal, or legal disability of its individual shareholders does not make it subject to dissolution.

2. A corporation has the power to own and convey property, both real and personal, and to enter into contracts within the limits of its corporate charter just as if it were an individual person.

3. It can sue or be sued in its own name.

4. The shareholders are exempt from personal liability for the debts of the corporation beyond the amount of their shares in the corporation.

5. Shares of stock in a corporation can be sold without effect on the management or without the consent of other shareholders.

6. A corporation has the power to make bylaws.

7. A corporation is governed by a board of directors which rules by majority.

Advantages of Incorporation

These are the most important characteristics of the corporate form. A look at some of the advantages of incorporation will show that these very characteristics that make the corporation dif-

ferent from other business forms may make incorporation a distinct advantage.

1. The permanency afforded by the corporate form may be important to the dental clinic. In a partnership or proprietorship when a partner or the owner of a business dies the business must be reorganized if it is to continue. The death of an officer or member of a corporation, however, does not dissolve the business.

2. The liability of shareholders in a corporation is limited to the amount of their investments. In a partnership each partner is individually liable for all of the partnership debts.

3. The members of a corporation are not liable for the unauthorized acts of other members. The corporation may be liable but the individual members are not.

4. Shares of stock in a corporation may be sold without affecting the corporate form. This means that any member of the clinic can sell his share and get out at any time without dissolving the business or without getting the consent of other members of the firm. Either of these steps would be impossible in a partnership. Obviously, this may or may not be advantageous.

5. A corporation's board of directors rules by majority vote of the members of the board, whereas, as a practical matter, partners have equal say in the management of a partnership; as a consequence it is necessary for them to act unanimously.

6. A corporation can sell stock, and the corporate form offers a greater inducement than either proprietorship or partnership for borrowing money or otherwise raising capital. A partnership must depend on the money each partner has or can borrow for its capital.

These principals are advantageous in the majority of cases. This does not mean that there are not many exceptions. It is for you to decide, with competent legal advice, what is best for you and your dental clinic.

Box 575
Uniontown, Alabama

WARNING TO DENTISTS!

GOVERNMENT surplus dental x-ray film with an expiration date of December 1957 has been offered for sale to dentists in the South. This outdated film is of no diagnostic value.

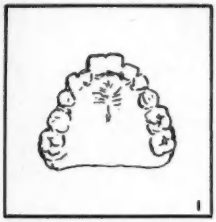
TECHNIQUE of the Month

Originated by W. EARLE CRAIG, DDS

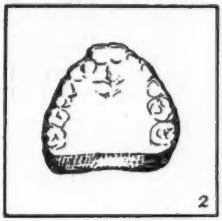
Quick and Safe Method of Moving Young Patient's "Locked" Tooth

By FREDERICK B. GILLARD, DDS

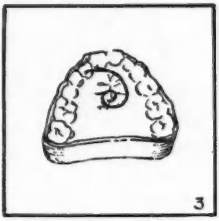
Drawings by Dorothy Sterling



Make certain there is space for the tooth in the arch. Take an alginate impression and pour a stone model. (An opposing model on articulator saves chair time, but is not essential.)

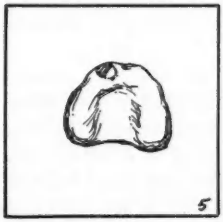


Place a layer of utility wax completely around the model. This wax determines the boundary of the appliance and should extend to within about 2 mm. of the occlusal. (Undercuts may be filled with wax if necessary.)



Adapt a small-gauge steel wire with a bend or loop. Hold it in place with sticky wax.

Coat the model with separating medium and add a layer of cold-cure acrylic.



When acrylic has hardened, cut away a section to permit the tooth to move into position.

The appliance, when placed in the mouth,

should open the bite enough to permit clearance of the tooth at the incisal. It should be worn continually (except for cleaning). Denture powder may be used if necessary.

Practice Administration Thought-Provokers

By CHARLES L. LAPP, PhD, and JOHN W. BOWYER, Jr, DBA*

How To Put More "Oomph" In A Speech

A good speech depends on planning, preparation, and presentation. Properly balanced effort must be put on all three phases.

A speech that is provocative and persuasive comes from a well-planned outline. Ask yourself during the planning state: What is my main idea? What are the key points and supplementary points? What points may not be accepted and how can I justify and make them believable to a group? Do I need visuals or illustrative materials to make my points?

Next, memorize ideas, not words, so they become a natural part of your personality. To convince others you must first sell yourself. Practice will do much to polish the rough edges and make your speech a part of you.

When you get up to speak look on the group as friends who want information, not a group of hostile foes who are not going to accept your thinking. Know your speech so well that each idea stands out clearly in your mind. Your words will be effective if there is a definite mental image behind each one. The right inflections and eloquence will follow naturally.

Do You Have the Right Color Paint on Your Office Walls?

According to W. Schweisheimer, MD, colors can have an immense influence on people, particularly those who are nervous or neurotic. Observations have shown that rooms painted red tend to pull patients out of the depths of despair. Blue rooms have been used to reduce tension and excitement. Blue is more often favored by men, whereas red and pink are more often favored by women. White usually associated with cleanliness makes the rooms appear lighter and brighter. Too much white, however, may cause too much strain on the eyes. Therefore, it may be well to use bluish-gray, grayish-blue, or bluish-green on the walls of the operating rooms.

*Doctor Lapp is Professor of Marketing; Doctor Bowyer is Professor of Finance, Washington University, St. Louis, Missouri.

Use of Credit Bureaus As A Collection Aid

Many credit bureaus serve two purposes—they provide credit information on patients and collect past due accounts.

The collection department of a credit bureau can inform debtors that unless prompt payment is made an unfavorable record will be entered in its files.

Wisely used, a credit bureau can be a real aid in reducing credit losses.

Keep Your Correspondence Under Control

Many letters may be handled by jotting a brief reply on the letter you receive. As you read a letter a jotted brief reply can save you time. Your dental assistant can often answer such letters from your notation.

If the letter requires dictation, your notes will remind you of what you want to say.

Dictating equipment may be a time-saver for both you and your dental assistant.

Often carefully worked out phrases and even whole paragraphs can be reused with slight adaptations.

Remember, a few minutes on the telephone can solve a situation in a

fraction of the time required to write a letter.

Do You Feel Overworked?

If you feel overworked and always seem confused by a number of small but pressing details, then possibly you may not be taking full advantage of what a dental assistant could do for you.

Just ask yourself these questions:

- Is it a matter that requires my professional training?
- Is it routine and of such a nature that an established guide or policy can be followed by someone else?
- Have you trained your assistant what facts to consider if a decision is involved?
- Can you delegate and spend your time in some alternative manner more productively?

Can You Use The Same Words In Building A Practice That Have Been Steady Business Builders For Years?

If you look over the mailings you receive daily you will find seven power words that are consistently used. They are: Free, New, Special, Save, Extra, Credit Plan, and Guaranteed. These words may have to be replaced with more professional words, but ones that appeal to the same basic instincts.

Fire Insurance Coverage Up To Date?

If the fire insurance on your home or office has been in effect for a number of years, it is a pretty good bet that you are seriously underinsured.

Since 1945, analysts have found that the cost of building has just about doubled. What is true of the building is probably true of your possessions. You can imagine what might happen to your pocketbook if a fire did strike!

Why George Washington Never Smiled

It is little wonder that portraits of George Washington show him as a stern-visaged aristocrat, tightlipped, and unsmiling. During the time he sat for at least one portrait he wore a set of crude dentures made of two pounds of lead and containing elks teeth. Another denture worn by Washington was carved from hippopotamus ivory and featured a large hole through which the President's last natural tooth, a left bicuspid, could pass.[1]

[1]Vath, W. R.: Why George Washington Never Smiled, Today's Health **2**:40 (February) 1961.

A Strong Case For Credit Dentistry

An article appearing in the January 1961 issue of the *New York State Dental Journal*, makes a strong case for credit dentistry. The author, Doctor Paul E. Jaffee, states credit programs must be utilized or more patients will be driven into union clinics or other mass dental operations. Credit dental programs also augment dental income and do not interfere with normal office procedures. This article also has some excellent material on case presentation as well as dental credit management techniques.

Increased Demand For Dental Services

The growth industries of the future will be those that provide services to the consumer according to Doctor Carl A. Dauten, well-known economist from Washington University. Demands for necessities such as housing, and automobiles have been well satisfied and war-time shortages have evaporated. Consumers have been spending more money for medical and dental services. This is particularly true of those families in the five to ten thousand income group. Today almost 45 per cent of the families are in this income group compared with 17 per cent in 1947.

Investment Club Information

The National Association of Investment Clubs, a nonprofit organization, is a valuable source of information and help for investment club members. For that matter, the materials they furnish would be helpful to almost any investor if he followed their system and suggestions.

The Association furnishes information on:

1. How To Form An Investment Club
2. How A Club Operates
3. Investment Policy
4. Security Analysis Suggestions
5. Family Finance

Most of these data are furnished in a book called the Investment Club Manual which may be obtained for $3 from the National Association of Investment Clubs, 1245 First National Building, Detroit 26, Michigan. Investment clubs may become members of this Association by paying a registration fee of $10 plus an annual fee of $1 per person per year. The annual registration fee includes coverage of all club members under a $25,000 Fidelity Bond, and membership entitles the club to receive copies of the Association's bulletins. For further information write to the foregoing address.

Courtesy Is Good Business

Each of us may become somewhat irritated in the average working day by the actions of people. Patients are the most important people in the world to the dentist. To avoid being the source of these minor irritations to them train your employees in the simple rules of common courtesy and explain its importance. Impress on them that:

1. Only uncultivated people find common courtesy formidable.
2. Good manners are the best single attribute to make a person stand out in a crowd.
3. Courtesy will cause us to treat another in such a way that the person will regard knowing us as a pleasant experience.

Common courtesy involves treating people formally unless you know them well and avoiding familiarity if you do. It involves arriving on time for appointments; not launching into *tiresome monologues*; expressing gratitude. Courtesy is a habit; practice it all the time and the rewards will come, both social and monetary.

The Do-It-Yourself Collection Notice

One of the real problems for some dentists is collecting accounts. The First National Bank of Orlando, Florida, has developed a notice which could be adapted for use by the dentist. The notice is a business reply envelope which has printed on the flap a series of statements which offers the patient an opportunity to respond if he has a problem.

The first group of statements are listed as follows:

The payment of your statement

( ) is enclosed
( ) was made on _____.
( ) will be paid on _____.

I have a problem:

( ) My statement date is wrong. In the future, please bill me on the 1st, 10th, 15th, 20th, 25th, or 30th of the month. (Circle most convenient statement date.)
( ) I would like to talk with you about my bill. My problem is _____.
( ) My address is incorrect. My correct address is _____.

This bank states that these notices have reduced past due accounts. They could be used by dentists for all accounts, or only those that are past due.

Washington University
St. Louis, Missouri

Errors in occlusion of full dentures can be eliminated with this technique.

The Dentist at Work:

Functional Occlusion For Full Dentures

PART 12

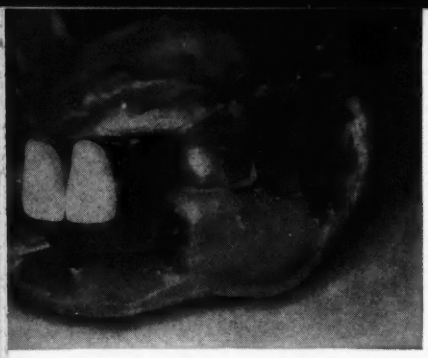
By CHESTER J. HENSCHEL, DDS*

By using the patient's mouth, instead of a complex articulator, smooth gliding and balance in all jaw movements becomes feasible even with sharp cusp teeth. The occlusion of full dentures can be so free from tripping, so ideal on presenting the dentures to the patient, that the need to grind or adjust even one tooth is exceptional.

One way to record the vertical and centric position of the mandible is to use lateral bite blocks instead of full biterims (Figure 1). Confining wax or compound bite blocks to the second bicuspid and first molar area on each side lessens bulk, tongue interference, and anterior prematurities. Mold guide teeth waxed to the bases and adjusted in the mouth serve as a better guide to the technician than scoring the wax rim to record the midline and lip lines. Sometimes only upper central incisors suffice; other upper or lower anteriors may be added as and if needed.

THE SETUP: The upper and lower setup is completed on a rigid articulator with a firm incisal pin, then tried in the mouth. Check the freeway space, vertical

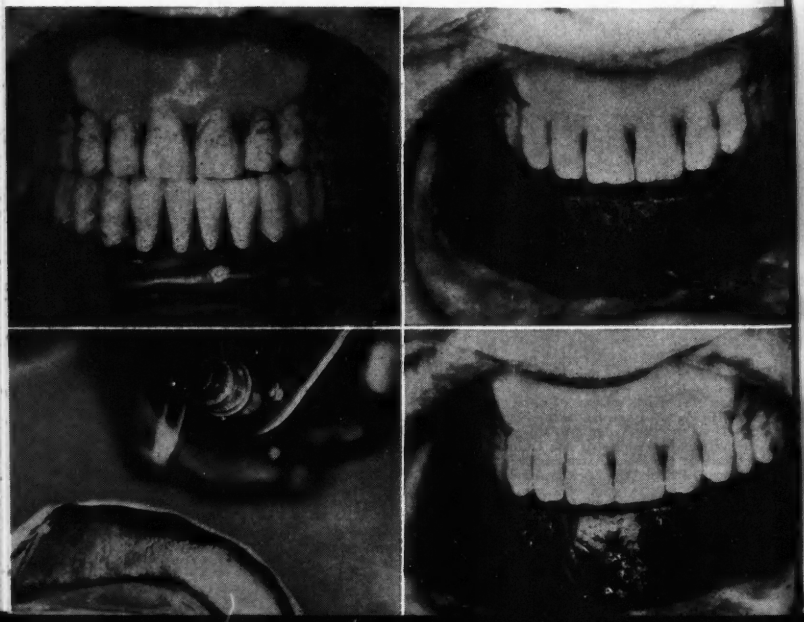
*Doctor Henschel, author of this practical series, is Head of the Department of Operative Dentistry at Sydenham Hospital, New York. He is a member of the International Association of Dental Research and the American Association for the Advancement of Science.



opening, tongue room, relation of teeth to ridges, and cheek and lip fullness. It is best usually if the occlusal plane is about halfway between the upper and lower ridges and if the curve of Spee is a moderate one. To avoid a frequent cause of dislodging the lower denture, place the occlusal plane slightly below the upper

Fig. 1—Lateral bite blocks instead of full rims as one method to obtain centric occlusion. Note centrals waxed to record midline and lip lines.

Fig. 2—The upper denture is completed, worn, and with it the lower setup is tried in.
Fig. 3—The lower setup is replaced by a full compound biterim of same vertical dimension.
Fig. 4—Flaming facial and lingual occlusal compound before chew-in (not directly at the occlusal). Hot wet cotton rolls can be used as a substitute method.
Fig. 5—Showing extreme lateral glide, first tapping, then chewing-in in all jaw positions. By starting a little "high" the final vertical is not lowered.



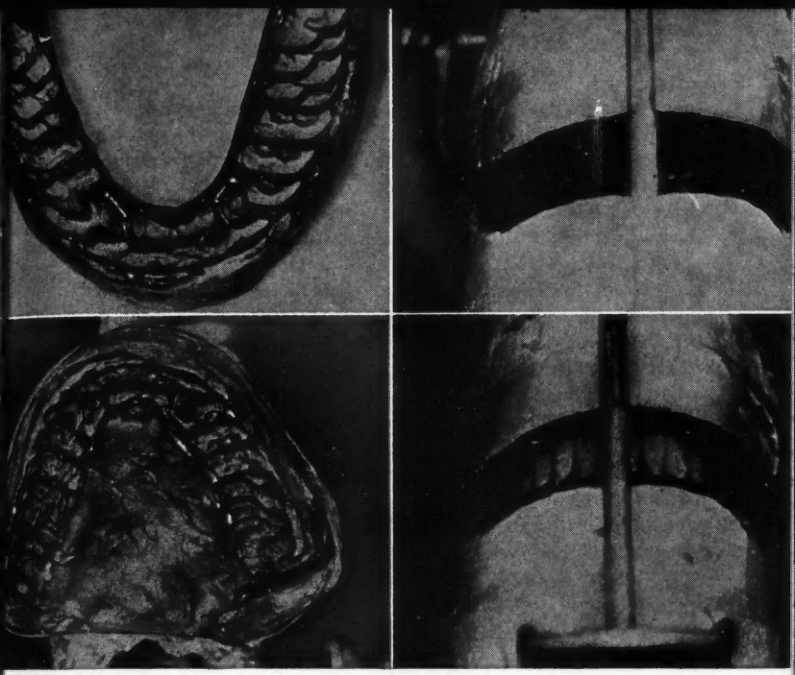


Fig. 6—Glossy chewed-in glideways showing both lateral and protrusive movements.

Fig. 7—Stone counter run against compound glideways and mounted on articulator.

Fig. 8—Occlusal of stone counter painted with Prussian blue as an indicator.

Fig. 9—Lower setup adjusted and ground into complete contact with stone counter with rigid articulator closed tight and pin seated in place.

aspect of the tongue at rest. If the occlusal plane is too high, when the tongue tries to manipulate a bolus of food onto the occlusal table the denture is often tipped.

If the try-in is approved, place the lower setup aside. On a second, well-adapted baseplate, make a full biterim of modeling compound to occlude with the upper setup *without* altering the vertical opening. Process the full upper denture and let the patient wear it for some hours or even days to become accustomed to it.

With the new full upper denture in the mouth, insert the waxed lower setup for rechecking (Figure 2). If approved, record the vertical opening with a Willis gauge or by marking and measuring the nose to chin distance. Replace the

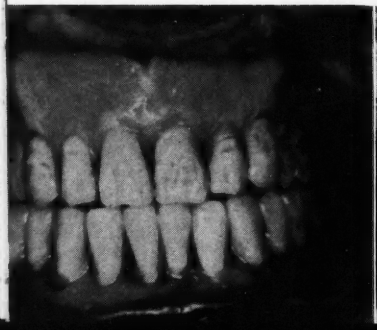
lower setup in the mouth with the well-fitting second baseplate and compound biterim (Figure 3). Check the vertical opening to make sure it is not more than with the lower setup.

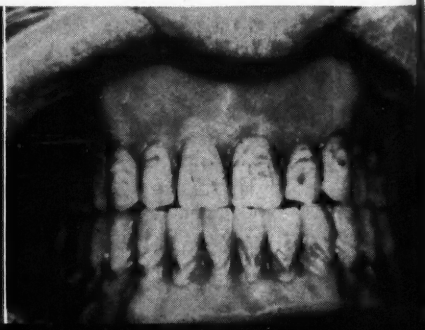
DYNAMIC CHEW-IN: Teach the patient to "tap around in a hundred different places" – centric, both lateral, and protrusive positions. Continue tapping around until the movements of the patient can be depended upon. Sear a thin film of low-fusing compound to the occlusal surface of the rim, smear with petroleum jelly, and insert in the mouth for tapping around. This additional compound makes the occlusion a little high. Remove the rim from the mouth, flame to soften the facial and lingual borders of the occlusal compound (not the occlusal directly) (Figure 4), relubricate, reinsert in the mouth, and continue tapping around. Throughout the technique it is of utmost importance to soften the compound only a shallow millimeter in depth and uniformly over the entire occlusal surface. A dusting of denture powder under the baseplate will help with stability. When the occlusal surface has been well marked by the tapping, again remove, reflame, relubricate, and reinsert, this time for a rubbing or grinding motion. Repeat until the patient can rub or glide smoothly in any direction without interference (Figure 5).

Another method of softening the compound rim is to apply a cotton roll dipped in very hot water. Check the vertical opening at intervals to make sure the bite is not being closed. Also remove the baseplate and rim from the mouth and replace on the model to check for stability and freedom from warping. The slightest rock should be corrected by readaptation on the model, reinsertion in the mouth, and rechewing-in of the biterim. On some occasions the patient has been allowed to take the

Fig. 10—Final try-in of adjusted lower setup with completed full upper denture.

Fig. 11—Completed case which without adjustment will have ideal balance in all jaw positions.





compound rim home for prolonged chewing-in.

When glossy chewed-in glideways can be seen all over the occlusal surface of the rim (Figure 6), recheck in the mouth for all over contact and again on the model for baseplate stability. Replace the glide rim on the lower model and make a stone counter of the lubricated occlusal glideways in place of the now removed and destroyed upper model (Figure 7). When dry, paint the stone counter with Prussian blue or some other suitable marking medium (Figure 8). If desired, this phase of the case can be transferred from the articulator to a Hooper Duplicator.

FINAL SETUP: Replace the compound rim on the articulator with the lower setup. Many teeth will be high and rarely can the articulator be more than partly closed without moving waxed teeth. By depressing or raising teeth and by spot grinding, create complete intimate contact between occlusal and incisal porcelain and the painted stone counter (Figure 9). Try this adjusted lower setup in the mouth to insure that there have been no objectionable tooth changes or shifting (Figure 10). Correct if needed and recheck occlusion for contact with stone counter.

The base of the lower model should have been notched or keyed so that it can be replaced accurately on the articulator after removal and processing, which is the next step. When processed, *do not* remove the case from its model but replace it on the articulator. Teeth may have shifted, some dimensional changes occur, and flask closure is not always complete. Check against blue stone counter, and if necessary spot grind for intimate and all over contact. When satisfied, remove lower denture from model, polish, and give it to the patient (Figure 11).

RATIONALE: By processing the upper denture first, we create a stable entity eliminating any effect of shifting teeth or volumetric changes of that denture. The upper is chosen because it is more stable than the lower denture and serves better as a solid basic component for this direct chew-in technique. By using the mouth instead of some complicated adjustable articulator, errors in occlusion are eliminated or greatly minimized. Cusp teeth of any degree of inclination may be used, yet we can be assured of the smoothest gliding in all excursions of the mandible.

Opponents of careful and precise occlusion cite, "enter bolus, exit occlusion." Yet, long experience (this technique is not new) proves that freedom to glide minimizes sore spots and trauma to soft and hard tissues.

Because of the rapid advances in dentistry, continuous postgraduate education is now a necessity.

why "formal" postgraduate

By GEORGE A. HOLMES, DDS, PhD*

THE CONTINUOUS, formal, postgraduate study ideal of the Academy of General Dentistry follows a careful plan to assure meaning, strength, and basic value to continuing education and its certification. Formal training is recognized as the most legitimate method for acquiring skills and information essential in the performance of a responsible professional service.

The basic aim of the Academy is to interest *all* general practitioners in continuous, formal, postgraduate education, as against the formation of an educational elite to raise the status of a few ambitious persons. The "formal" aspect of the program is the most essential feature, inasmuch as the value of formal (school) training over apprenticeship, preceptorship, or trial-and-error experience is too well established to need an apology. Therefore, a basic, national minimum of requirement for Academy membership has been set at 50 clock hours (approximately six days) every three-year period. A clock hour is 60 minutes. Regional groups close to school facilities, or merely desirous of raising their own standards, may raise this requirement, but no one may lower it.

A formal course is one given by

*Doctor Holmes is Director of Postgraduate Education of the Academy of General Dentistry.

a duly recognized teaching institution, or, on an extension basis, by a regular faculty member of a school. This principle recognizes the abilities, the time, and facilities available to professional educators as indispensable to a program of this type. There are many outstanding clinicians who can deliver a lecture as well as some regular teachers. Academy officers are aware of that fact. But at present it is not feasible to make an arbitrary determination that this or that clinician is good and the other one is not. The time will come when the schools themselves might perform such evaluation for the purpose of raising the standards of extension courses by distinguishing deserving talent through recognition as an extension instructor. When that occurs, the Academy shall be among the first to accept this determination. Today, however, the best recognized standard is the school itself, and there must be a borderline separating formal education from other types of teaching.

An equally important feature of postgraduate study is the "continuous" principle. It is possible to attend school for a year or more and learn a great deal. But there are two fundamental drawbacks. First, it is impossible to retain everything one has learned. In many ways, forgetfulness is a blessing of Nature. And second, scientific advances are rapid and dynamic. Today's rule is tomorrow's discard. A

t**education for dentistry?**

progressive professional practitioner must "keep up" with his occupation and that can only be accomplished by "keeping up" with new information. Therefore continuous postgraduate education is a necessity, not a luxury.

In addition to the 50 hours of continuous, formal study every three years, the Academy also requires that its members attend at least 50 per cent of the scientific sessions of their local dental society. No practitioner can remain progressive unless he regularly meets with his colleagues and keeps informed on the trends in his field. Simultaneously, dental society attendance is a beneficial social outlet in meeting and comparing notes with one's peers, and thus it will further supplement knowledge on new techniques and treatments. The well-known fact that time spent in education and meeting attendance will actually pay for itself many times over is a bonus, not an original consideration. The aims of the Academy are to elevate the standards of the *entire* profession, and raise the quality of public service that dentists are obligated to render.

Public Is Concerned

The Academy is not alone in its concern for improved service. Unions, politicians outside the profession, legislators, dental licensure examiners and leaders of the profession are all taking a close look at the continuing competence of professional men after initial licensure. It is this concern that gives rise to the occasional clamor for re-examination and re-licensure, with all their attendant evils of unlimited power over practitioners. This threat was not the reason for the establishment of the Academy and its requirements. But due to the coincidental nature of voluntary continuous training and required proof of continuing competence, leaders of the Academy believe that if dentists will realize the necessity of self-improvement in time, arbitrary measures would be automatically negated.

The recently completed "Survey of Dentistry," makes the following statement: THAT THE DENTAL PROFESSION EXPLORE POSSIBILITIES OF VARIOUS PROGRAMS WHICH MIGHT BE ADOPTED TO ENSURE CONTINUING QUALIFICATION OF DENTAL PRACTITIONERS." And further along the same vein: "Dental schools and societies offer hundreds of postgraduate and refresher courses every year. A certificate from one of these might well be accepted as evidence to justify re-registration (for licensure), although other evidence might also suffice. Detailed requirements would have to be worked out by each state to suit its own circumstances."

The Academy of General Dentistry has been working on this

problem for the past decade. Increased professional status, higher quality of service, and greater public recognition are some of the intangible benefits of continuous, voluntary self-improvement. Recognition of continuing competence should be another. You may contribute to these efforts through affiliation with the Academy.

16 *North Wabash Avenue*
Chicago, Illinois

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

ANSWERS TO QUIZ 203

(See page 41 for questions)

1. (a). (Healy, H. J. and Phillips, R. W.: Clinical Study of Amalgam Failures, J. D. Res. **28**:439 October 1949)

2. True. (Shore, N. A.: Occlusal Equilibration and Temporomandibular Joint Dysfunction, Philadelphia, J. B. Lippincott, 1959, page 189)

3. (a). (Doerr, R. E.: A Philosophy Regarding High and Ultra-Speed Rotary Instruments, J. Mich. State D. S. **40**:140 May 1958)

4. Yes. (Schweiger, J. W.: Prosthetic Considerations for the Aging, J. Pros. Dent. **9**:556 July-August 1959)

5. (a). (Eberle, W. R.: Rubber Base Impression Materials, DENTAL DIGEST **65**:538 December 1959)

6. A tendency to discolor the silicate cement. (Massler, Maury and Mausuklain, Nirmaha: Testing Liners under Cement in Vitro, J. Pros. Dent. **10**:964 September-October 1960)

7. True. (Manhold, J. H. and Izard, C. E.: Relationship of Dental Cavity to General Health, Science, **120**:892 November 26, 1954)

8. Yes. (Adelson, J. J.: Dental Treatment of the Diabetic Child, J. Dent. for Children **27**:55, First Quarter, 1960)

9. (b). (Accepted Dental Remedies, 25th Edition, American Dental Association, 1960, page 19)

10. Patient movement, packet movement or tube movement. (Sweet, A. P. S.: Radiodontic Pitfalls, Dental Radiography and Photography **33**:27, Number 2, 1960)

Editorial Comment

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

A PUBLIC RELATIONS PROJECT FOR EVERY DENTAL SOCIETY

THERE IS NOTHING startling or new about creating mouth protectors for athletes. An article appeared in ORAL HYGIENE more than thirty years ago that stimulated the first interest in the subject.[1] For years since that publication sporadic efforts have been made to interest more dentists and athletic directors in a sustained plan to make devices to protect athletes engaged in body-contact sports. A few dentists have carried out such programs; most have been indifferent.

It has taken thirty years for a joint committee of athletic directors and dentists to meet and formulate a definite program. In 1960 this committee made a report:

"1. Injuries to the mouth and teeth continue to occur during football games and practice even though some protection is afforded through the use of face guards.

"2. Although many schools are providing mouth protectors for football players, still many athletes are without this protection.

"3. Properly fitted mouth protectors, worn by the players during practice and games, will prevent nearly all injuries to the teeth and mouth.

"4. Several types of mouth protectors are currently available. Each will afford a significant amount of protection if used.

"5. Player acceptance of mouth protectors depends on several factors: fit, personal comfort, retention, effect on speech, and breathing are the most important.

"6. Custom-made, individually fabricated mouth guards have been found to be most effective and to have greatest player acceptance.

"7. It is now possible to fabricate custom-made mouth protectors inexpensively, quickly, and easily and still retain the desirable characteristics by using self-curing latex with rayon flock."[2]

---

[1]Mayer, Clarence: Tooth Protectors For Boxers, ORAL HYGIENE **20**:289 (February) 1930.
[2]American Association for Health, Physical Education and Recreation; American Dental Association: Report of Joint Committee on Mouth Protectors, Chicago, ADA.

This report did not emphasize the public relations potential for a local dental society working to promote the idea of a custom-made mouth protector for every boy and girl engaged in any contact sport.

The technical phase of fabricating the protective device need not be performed by a dentist. After a dentist takes an impression a stone model may be made and the actual fabrication of the device done by anyone with some manual skill. Four layers of self-curing liquid latex are spread on the model. As one layer is air-cured the next layer is applied until the four layers are built to the proper fit and bulk. No complicated processing is involved. This custom-made protector fits the exact anatomic conditions of the teeth and dental arch.

For the public relations aspect: the dental society in a community may offer the athletic directors in the school systems the service. The athletes would be chosen by their coaches. The students would be assembled in a convenient place. The dentists assigned by the dental society would take the impressions with one of the elastic preparations. Pouring of the models and fabrication of the mouth protectors could be done by a group trained for this simple procedure. Dental assistants, technicians, or PTA members would be likely volunteers for this phase of the project. The nominal cost of the materials would be borne by the dental society. This is an inexpensive form of public relations. The dental society would be identified with this program of prevention. The public would approve a project to protect young people from this form of permanent injury.

This is the time of year, before the school term begins, for dental society officers to present the plan to their members and to school authorities.

Edward J. Ryan

Dear Oral Hygiene

State Board Examinations

The article STATE BOARD EXAMINATIONS: DILEMMA FOR DENTISTRY by Stanley E. Goodman, LLB, DDS,[1] was excellent. While I have never attempted to take a state board examination in the states Doctor Goodman referred to, I know, and many dentists know a good many successful and capable dentists who have failed these examinations.

The only moral, ethical, and legal function of a state board is to determine the professional ability of an applicant. It is not to set up an economic monopoly for the favored few already established in the state. In these "monopoly" states the ratio of dentists to population is much lower, dental fees are much higher, and dentists' gross and net incomes are much higher than in the rest of the nation. These facts speak for themselves.

The argument that the boards are to maintain higher quality dentistry does not apply at all. I have seen some of the worst dentistry at exorbitant fees come from these states.

These states favor their native sons in the examinations. From many discussions with men who have taken them I believe that roughly 10 per cent of outsiders pass and about 10 per cent of native sons fail the examinations. Conversely, 90 per cent of outsiders fail and 90 per cent of native sons pass.

The examinations themselves are of no real value in determining a dentist's ability. The questions on the written part are ambiguous and ridiculous, as any university examiner will testify.

I believe that if a group of dentists who have failed these monopoly boards were to organize, get a good lawyer and a public relations expert, they could break things wide open. If the public in the monopoly states were made aware of the gouging they are undergoing by the monopoly, if the issue were brought up at a gubernatorial election, if a state board were sued in federal court for a large sum for arbitrary, malicious, and willful damages, and a writ of mandamus asked against it, these monopolies would be broken. The boards will not yield on any other terms. Appeals on the grounds of morals, ethics, fairness, or professional advancement, will not move them. Only publicity and the courts can touch them.—ALFRED T. KING, DDS, 30 *North Michigan Avenue, Chicago, Illinois.*

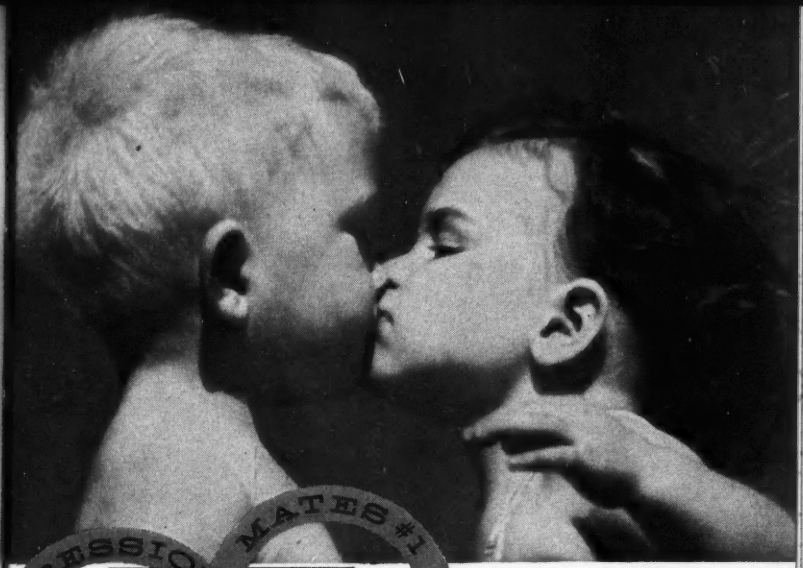
Hand-Picked Oral Surgeon Fails

A note to comment on the article in ORAL HYGIENE relative to state board examinations.[1] In my opinion this article is timely and should be published in every dental journal in the United States. This problem is becoming more severe and complicated, and the dental profession should become aware of the situation and definitely make a change.

I am in a position to appreciate your editorial comment[2] and the article possibly more than the average man. We had the sad experience last year of having a four-year trained resident in oral surgery fail to come in with us because of the fact that the

(*Continued on page* 66)

[1]Goodman, S. E.: State Board Examinations: Dilemma for Dentistry, ORAL HYGIENE **51**:33 (May) 1961.



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board did not like his foil filling. This young man was hand-picked out of one of the finest training centers in the country by three of the top men in the field of oral surgery who classified him as one of the best boys they had in the last ten years of their training program. It is a real tragedy when an arrogant board will go out of its way to deliberately flunk an applicant of this young man's qualifications because of a foil restoration.—REX B. FOSTER, DDS, 919 *West Fourth Street, Waterloo, Iowa.*

Defends Gold Foil Procedure

I have read Doctor Goodman's article that appeared in ORAL HYGIENE[1] with great concern. I have no wish to become involved with the basic issue which concerns the state board examinations, but I do wish to comment on the attitude expressed toward a gold foil procedure which "most 16-year-old boys could be taught to do . . . in a six-month period." For a material which has proved itself to be the hallmark for the best in dentistry, is it possible that such a statement infers we need little or no time to train students in *any* of the technical aspects of dentistry? Rather it would seem that until dental caries is no longer man's major affliction we are obliged to give continuous emphasis to improving skill. When seeking dental care do you, as a dentist, seek another that has the greatest skill, or do you take the tenth name in the classified section of a telephone directory?

Those of us who represent the American Academy of Gold Foil Operators, also represent countless other practitioners who feel that until a material is developed which can save teeth better than can this material we are obliged to defend it. To do otherwise would mean that we would compromise our professional integrity which no dentist has a right to do. We feel that it is not the state boards of dental examiners who must accept or be responsible for the apathy toward this truly restorative material; rather it is dentistry in general, which

(*Continued on page* 68)

must stand in judgment when it willingly permits compromise. Why is it a generally accepted observation that in those states where gold foil procedures are more commonly practiced one finds all types of dentistry being performed with greater interest and skill? This direct relationship would suggest one of two things: (a) that the dentists carry over the traits they have found in foil procedures to other skills, or (b) that other skills have helped them to realize that gold foil procedures merit their being used in the fulfillment of their desire to provide continuously the best in dental treatment. — ROBERT B. WOLCOTT, DDS.

Facts Ignored

Your editorials have always been an enjoyable feature of ORAL HYGIENE, however I felt that the editorial in the May issue was exceptionally outstanding.[2] I certainly agree with you 100 per cent. I only hope that you will continue to editorialize and to work toward this end. Every item in your editorial is well thought out and one that the dental profession should realize is important to the profession.

Doctor Goodman's article brings out some facts which we in the profession can no longer ignore.[1]

I believe that you will find that many dentists throughout the United States are in accord with your fine editorial. Please keep up the good work.—HERBERT SEBERG, DDS, 515 *West Ninth Street, Hastings, Nebraska.*

Recommends Postgraduate Study

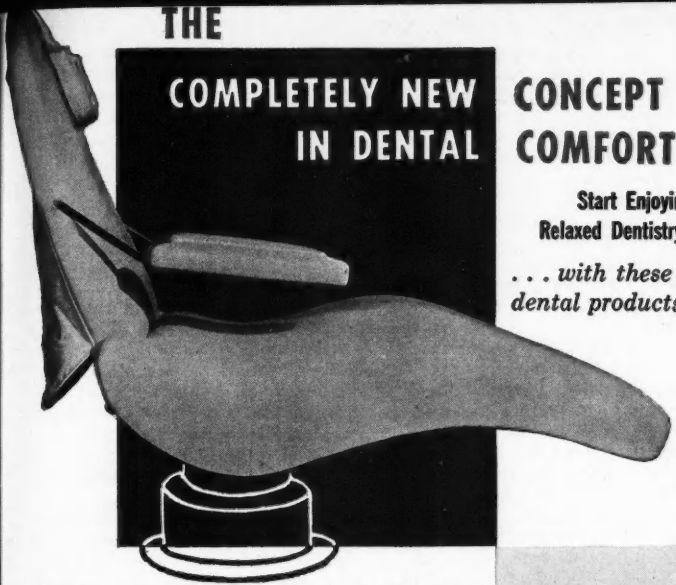
I have read Doctor Stanley E. Goodman's article[1] and your editorial[2] regarding the same subject.

I have known you for many years and have always valued your judgment and opinion. I enjoy reading your editorials in ORAL HYGIENE and try to evaluate the full meaning of what you have written. It is my opin-

(*Continued on page* 70)

[2]Editorial, Another Job for State Examining Boards, ORAL HYGIENE **51**:58 (May) 1961.

THE COMPLETELY NEW CONCEPT IN DENTAL COMFORT



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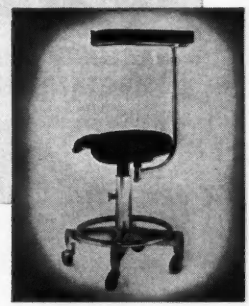

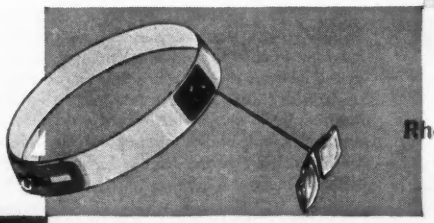

Rhodes Loupes

Optically ground lens relieves eye strain, and is scientifically ground to give clear vision to entire working area. Coated lens available at additional charge.

DEN-TAL-EZ CHAIR MANUFACTURING CO.

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ion that in your sentence, "Why should an orthodontist be required to place a gold foil restoration, or an oral surgeon be expected to perform a prosthetic procedure," you were simply using the term, "place a gold foil," as an example.

In regard to Doctor Goodman, I note with interest that he has a LLB degree and received his dental degree in the year 1958. I wonder what motivated him to write this article about state board dental examiners. I agree with him that a 16-year-old boy might be able to learn to mallet gold foil pellets into a cavity, and perhaps that is the time in life to acquire digital skill in performance of dental operations; but from my experience in teaching dentists the art of making gold foil restorations I find that most dentists have not developed too much ability to operate after four years of dental college training, and that some of them have missed their calling.

I would recommend that all dentists should be required to continue learning the art of rendering dental service by taking at least a two weeks postgraduate course every year as prescribed by a Board of Qualification, and that periodic practical examinations be required for them to pass in order that they be permitted to continue to practice dentistry. No one should have a legal right to practice a healing art in any State as long as he lives, if he is not qualified.

Perhaps some dental educators are trying to make dentistry an intellectual profession instead of trying to develop intelligent men who possess a degree of digital skill and have an aptitude for dentistry. I would certainly rather have a dentist or a surgeon operate on me who has the latter capabilities than one who theoretically knows all the answers but has not the skill in his hands.—ALEXANDER JEFFERY, DDS, 518 *Medical and Dental Building, Seattle* 1, *Washington.*

Lavoris mouthwash helps you work 3 important ways...

1. "Cuts" Mucus Film. A rinse with full-strength Lavoris before an impression helps clear away mucus, prevents air bubbles. Many dentists now use Lavoris this way routinely.

2. Keeps Operative Area Cleaner. Lavoris' unique cleansing action effectively and thoroughly cleans away mucus, food particles and impurities. Use Lavoris Spray ½ strength or stronger. (Wouldn't you rather work in a Lavoris-clean mouth?)

3. Helps Promote Patient Comfort. To nervous patients, even minor discomforts loom large. The pleasant taste and feel of Lavoris refreshes, helps keep them at ease. The bright red color of Lavoris helps mask minor hemorrhage.

LAVORIS®

CLEANSING • REFRESHING

used by more dentists than any other mouthwash!

PROFESSIONAL GALLON SIZE, ONLY $2.50

Send check to LAVORIS, VICK Chemical Co.,
Division of Richardson-Merrell Inc., Box 8155, Phila., Pa.
Samples for office and patient use available on request.

Ask Oral Hygiene

Please send all correspondence for this department to: The Editor, *Ask Oral Hygiene*, 708 Church Street, Evanston, Illinois. Enclose a stamped, addressed envelope for a personal reply. If x-ray films are sent, they should be protected with cardboard. We cannot be responsible for casts or study models that are mailed to this department.

Stannous Fluoride

Q.—In your July 1960 issue, page 58, subject: Questions That Dentists Ask Frequently, there is a report on a study by Gish, Howell and Muhler regarding 8 per cent stannous fluoride.

I have asked my druggist to obtain this material and he states he is unable to find it listed with any of the drug houses. I would appreciate having you tell me how I might obtain this material.—L.C.M., California

A.—Stannous fluoride very likely can be obtained from your dental dealer. This is a nationally distributed product.

Since 8 per cent stannous fluoride is not stable chemically, it is necessary to make a fresh solution each time an application is made. This can best be done by having a pharmacist weigh 0.80 gm portions of solid stannous fluoride into Lilly number 0 gelatin capsules. It is important to keep these capsules tightly sealed in a container. When a fresh solution of stannous fluoride is desired, the contents of one capsule are added to 10 ml of distilled water and shaken briefly. As soon as the contents have dissolved, the fluoride is applied immediately to the teeth. This quantity is adequate to treat the entire mouth of one patient. Any remaining solution should be discarded.

Dextrose and Caries

Q.—I have a patient on the football squad of one of the leading universities in the East. He tells me the players are administered dextrose tablets before and after practice sessions, which are followed by motion pictures and blackboard diagrams, with no chance to clean the teeth until after the complete session.

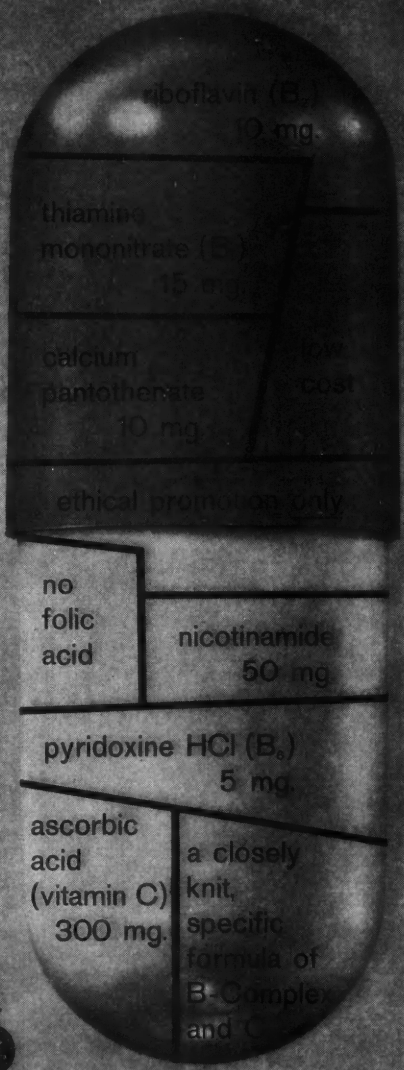
He says he and other members of the squad are complaining of numerous cavities while on this training routine, much in excess of what they experience at home.

Do these dextrose tablets contain the type of sugar which lowers the Ph to the dangerous etching point? I am thinking of the many thousands of athletes being given these tablets, and the detrimental effects.—T.B.F., Pennsylvania

A.—The general role of fermentable carbohydrates in the etiology of dental caries is well established although the details of the mechanisms involved have not been

(*Continued on page* 74)

this is what Allbee® with C is made of!



A. H. Robins Company, Inc.
Richmond 20, Virginia

completely clarified. Dextrose, also known as glucose, is a monosaccharide which is easily fermentable in the oral cavity. If dextrose tablets are broken down and partly digested in the mouth, there is no doubt that such a practice could be deleterious to the teeth. However, if the tablets are swallowed immediately with the assistance of water, it would seem unlikely that this habit could be responsible for the effect observed in the mouth of football players.

Bruxism

Q.—A 5-year-old boy presented with his teeth worn flat and tiny. Questioning the mother elicited a story of night grinding noises. What would cause bruxism in a child this age and what, if anything, can be done to arrest it?—J.C.H., Pennsylvania

A.—The case sounds like an extreme case of bruxism. This is often seen temporarily in infants during the early part of the second year. In some instances, such activity is continued into later childhood. Undischarged and overintense aggressive impulses appear to contribute importantly to such conditions, as may be the case in instances of chronic clamping of the jaws, lip-biting, cheek-biting, and tongue-biting. These are well known results of emotional tension.

Since your description of your patient's teeth gives one the impression that the crowns have been almost obliterated, I believe that the usual acrylic splint for night wearing may be useless. An orthodontist colleague suggested that a rubber tooth positioner might be

(*Continued on page* 76)

suitable for wearing at night.

In order to construct such a tooth positioner, it is necessary to take impressions of the upper and lower jaw and to take a wax bite. Alginate impression material has been found to be useful. If you are interested in making such a positioner, you can send the impressions, and the wax bite to a specialized dental laboratory.

Gingival Resorption

Q.—A 60-year-old patient whose diet seems normal has excessive caries around the gingival margin. Could this be caused by hyperacidity of the gastrointestinal tract? — R.W., Georgia

A.—The possibility of hyperacidity of the gastrointestinal tract as a factor in causing excessive caries should not be ruled out. I would suggest that this patient be referred to his physician for a thorough examination.

My impression would be that this patient has worn his teeth flat, has had a natural process of gingival resorption, and the cemento-enamel junction has already been bypassed. If this is the case, the gingival margin caries is an abrasive wearing away of the exposed cementum (certainly a much softer tissue than enamel).

The treatment of these areas would be the placement of class V amalgams or inlays. In addition to operative restorations, it is wise to instruct the patient to follow a sound oral hygiene program.

THE HOTTER THE BETTER

for complete mouth reconstruction use Aderer No. 3 Bridge Gold

Aderer No. 3 Bridge Gold performs equally well for removable and attachment cases to provide complete mouth reconstruction with one metal to minimize the possibility of galvanic shocks or discoloration from electrolytic action.

the bridge gold you can't injure in melting

Like all Aderer Casting Golds, Aderer No. 3 Bridge Gold is not temperamental in casting; so long as this gold is adequately fluxed you cannot injure it; in fact the hotter the better . . . for when Aderer No. 3 is in its most fluid state the better for intricate castings and fine margins.

ADERER GOLDS

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NEW YORK • CHICAGO

DENTISTS

in the News

Mental Health President

Doctor John McInness of Tucson, was recently elected president of the Arizona Association for Mental Health at the conclusion of the group's two-day conference at Arizona State University. — *Phoenix (Arizona) Republic.*

Returns From Puerto Rico

The President of the University of Detroit has announced the appointment of Doctor A. R. Baralt, Jr, of the University of Puerto Rico, as the dean of the Dental School. Doctor Baralt, 42, is a graduate of St. Joseph's College, Philadelphia, and Temple University. In 1950 he was named dean of the School of Dentistry at Loyola University, Chicago, and was the youngest dentistry dean in the Nation. He left Loyola to become the first dean of the new School of Dentistry at the University of Puerto Rico in 1956.—*Detroit (Michigan) News.*

Busy Civic Leader

"If you want a job done, ask a busy man to do it." This describes Doctor James Bisbee, president-elect of the Stuttgart, Arkansas, Junior Chamber of Commerce. While setting up a dental practice, Doctor Bisbee joined the Stuttgart Lions Club and Junior Chamber of Commerce. He wrote and directed two of the annual Lions club minstrels. He has been a member of the Jaycees Board of Directors for four years. Three years ago, Doctor Bisbee was instrumental in starting the Grand Prix, an annual sports

(*Continued on page* 80)

car event at the Stuttgart Airport. All the proceeds of the races have been used in the Jaycees youth program.

Doctor Bisbee is also a member of the Arkansas Region of Sports Car Clubs of America and is currently serving as the region's publicity chairman. — *Pine Bluff (Arkansas) Commercial.*

Collects Paintings and Sculpture

Because he did not have enough time to devote to painting, Doctor William H. Adams of Louisville, Kentucky, turned to collecting paintings and pre-Columbian sculpture. Knowing how much time and money travel involves, he has bought most of his paintings through catalogues. Most of Doctor Adams' paintings are from the German expressionist school, and he also has others by Louisville artists.

The German expressionist school was the forerunner of today's prevailing abstract expressionist school, Doctor Adams explained. It is highly regarded in art circles, but not as popular as some of the other schools. — *Louisville (Kentucky) Courier-Journal.*

Elected Bank Director

Doctor Jack F. Edwards, of Dallas, Texas, has been elected a director of Wynnewood State Bank. He is well known as a civic leader in his community. Doctor Edwards is past president of Oak Cliff Optimist Club, and is a vice president of the Oak Cliff Chamber of Commerce in charge of membership.—*Dallas (Texas) Times Herald.*

83-Year-Old Sling Shot Champion

Forty-five years ago Doctor G. L. Mallett, of Cincinnati, earned the title of "silent hunter." He was on a trip in Canada, and was fearful of using firearms because some of the Indians objected. He killed four partridges with his sling shot one evening, and the Indian chief who was serving as his guide was so impressed he gave him his new name. He and

(*Continued on page* 82)

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1¼ Grs. Ea.
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Living up to a family tradition

There are probably certain medications which are special favorites of yours, medications in which you have a particular confidence.

Physicians, through ever increasing recommendation, have long demonstrated their confidence in the uniformity, potency and purity of Bayer Aspirin, the world's first aspirin.

And like Bayer Aspirin, Bayer Aspirin for Children is quality controlled. No other maker submits aspirin to such thorough quality controls as does Bayer. This assures uniform excellence in both forms of Bayer Aspirin.

You can depend on Bayer Aspirin for Children for it has been conscientiously formulated to be the best tasting aspirin ever made and to live up to the Bayer family tradition of providing the finest aspirin the world has ever known.

Bayer Aspirin for Children – 1¼ grain flavored tablets – Supplied in bottles of 50.

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New
GRIP-TIGHT CAP
for Children's
Greater Protection

THE BAYER COMPANY, DIVISION OF STERLING DRUG INC., 1450 BROADWAY, NEW YORK 18, N. Y.

another Indian guide held a formal ceremony and made Doctor Mallett an honorary member of their tribe and gave him the name, "Silent Hunter." Since that time the 83-year-old Cincinnati sportsman has been the envy of many of his friends because of his prowess with the old-fashioned sling shot. — *Cincinnati (Ohio) Enquirer.*

Green Candles Light New Hope

Six years ago Doctor Harold A. Nelson read an article describing Communist efforts to abolish Christmas in Iron Curtain nations. The article also told how persons in those countries fought against the plan by lighting a single green candle on their Christmas tree. It was the color of hope, a silent gesture of their faith in the belief that some day things would change for the better. A single green candle also was placed on tables during the Easter season. It was called the candle of hope and resurrection.

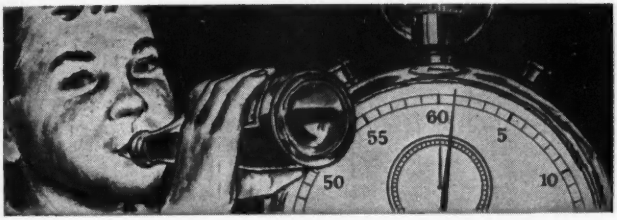
Doctor Nelson had an idea. Why not light thousands of green candles in Rochester as a symbol of hope in a land of freedom? He visited restaurants, stores, and homes, presenting his message. A few green candles appeared in the city during the Easter season of 1955. During the next few months he concentrated on developing his idea into a large scale planned program. In November 1956 Kiwanis International adopted the green candles as an official project for its 4500 clubs. The following April the prayer message of the Green Candle of Hope, written by Doctor Nelson, was carried over Radio Free Europe during the Easter season. When the Freedom Foundation presented Kiwanis International with an award for "Patriotic service" in 1960, one of the activities cited was the green candle program.—*Minneapolis (Minnesota) Tribune.*

Retires to Pursue Hobbies

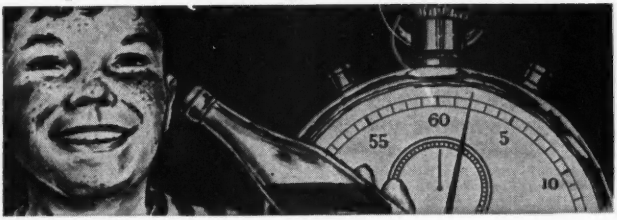
After practicing dentistry for almost a half century, Doctor Fred W. Zimmerman of Youngstown, Ohio,

(*Continued on page* 84)

Research* shows soft drinks



pass through the mouth



too quickly to promote caries

The two important factors in judging the caries-producing potential of a food are: (1) its form and (2) the amount of time it is in the mouth. Recent dental research* makes it apparent that liquids pass so rapidly through the mouth they leave only minimal residue on gums and teeth. Therefore liquids provide little chance for caries-related action.

Specifically, soft drinks are found to have virtually no relationship to oral conditions involved in the acidogenic theory. They may be enjoyed for their purely beneficial qualities—encouraging liquid intake, vital for maintaining body fluid balance; providing quick energy; stimulating appetite by aiding digestion.

*Shaw, Jas. H., Caries-producing Factors; a Decade of Dental Research, J. Am. Dent. A., 55:785 (Dec.) 1957.
Ludwig, T. G., and Bibby, B. G., Acid Production from Different Carbohydrate Foods in Plaque and Saliva; Further Observations Upon the Caries-Producing Potentialities of Various Foodstuffs, J. Dent. Research, 36:56 (Feb.) 1957.
Bibby, B. G., Effect of Sugar Content of Foodstuffs on Their Caries-Producing Potentialities, J. Am. Dent. A., 51:293 (Sept.) 1955.

AMERICAN BOTTLERS OF CARBONATED BEVERAGES

Washington 6, D. C.

has retired, as he says, "while still young enough and vigorous enough to enjoy doing the things I want to do." He cultivated many hobbies, and received almost as much recognition in them as in his profession.

Doctor Zimmerman bred airedales, Welsh and Scotch terriers and traveled around the country to the important shows winning all kinds of trophies. As far back as 1924, he was building radio sets, and he built his own television set. — *Youngstown (Ohio) Vindicator.*

Awards for items submitted for this month's DENTISTS IN THE NEWS have been sent to:

Sergeant S. Kostolowicz, 864 AC&W Squadron, Yuma, Arizona

Thomas McAfee, Box 69, London, Ohio

Mrs. R. H. Rowland, Route 4, Box 802, Pine Bluff, Arkansas

Gladys Bryson, South Portsmouth, Kentucky

Phil Ackerman, 1935 West Market, Louisville, Kentucky

Russellyn C. Lunke, 415 Niagara Street, Eau Claire, Wisconsin

THE COVER

OUR COVER photograph is a scene in Sun Valley, Idaho. You are invited to attend the meeting of the Idaho State Dental Association in Sun Valley, September 4 to 6. For information and reservations please write to Doctor James G. McCue Jr, 798 South Boulevard, Idaho Falls, Idaho.— *Photograph courtesy of Sun Valley News Bureau.*

Keeps Growing in Dental Use

. . . It's the DIFFERENT Mouthwash with DETERGENT ACTION — DELIGHTFUL TASTE

• Green Mint grows in professional popularity because it does the job you want a mouthwash to do; cleans and deodorizes in a refreshingly different way.

• Green Mint's penetrating action quickly "relaxes" surface tension, cuts ropy saliva, removes causes of mouth odor. Contains no sugar.

• Green Mint's non-astringent formula causes no tissue distortion . . . is ideal as a pre-impression rinse. As a mouth cleanser during and after operative procedures . . . leaves a "good taste" in the patient's mouth.

• Patients like the cool fresh taste of Green Mint—so different from medicated mouthwashes.

PROFESSIONAL ORDER FORM

BLOCK DRUG COMPANY, INC., 105 Academy St., Jersey City 2, N.J.

Send me_____gallon(s) concentrated Green Mint at Special Professional Price of $2.50 per gallon. Charge my account.

NAME _____

ADDRESS _____

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Tom seeing an ad in the paper for an errand boy, applied for the job but was told he was too young. A week later he again applied for the job. The advertiser recognizing him said: "I told you last week that I wanted an older boy for this job."

"I know you did," said Tom, "and I am a week older now."

★

Lecturer: "If I talk too long, it's because I forgot my watch and there's no clock in this hall."

Voice from the audience: "There's a calendar behind you."

★

Macpherson had invited his friend McTavish to have a drink. "Say when," he said hopefully and poured a wee drop into the glass. McTavish was silent.

Cautiously, Macpherson poured out another drop. Again silence from McTavish.

"Did you hear about the fire at George's?" said Macpherson suddenly.

"When?" asked his friend innocently.

Macpherson put the bottle down with a sigh of relief.

★

A boy and a girl were out driving. They came to a quiet spot on a country lane and the car stopped. "Out of gas," said the boy.

The girl opened her purse and pulled out a flask.

"Wow," said the boy, "a bottle—what is it?"

"Gasoline," replied the girl.

A woman looks upon a secret in one of two ways. Either it is not worth keeping, or it is too good to be kept.

★

Three gentlemen decided to stop at a restaurant for a spot of tea. The waiter appeared with pad and pencil.

First: "I want a glass of weak tea."

Second: "I'd like tea too, but very strong, with two pieces of lemon."

Waiter: "And you?" (to the third).

Third: "Tea for me, too, please. But be sure the glass is absolutely clean!"

In a short time the waiter was back with the order.

Waiter: "Which one gets the clean glass?"

★

Teacher left the class alone one day and was stunned to find on her return nothing but absolute silence.

"Well, children," she beamed. "This is a pleasant surprise."

And then a little boy stood up and explained: "Miss Grew, you told us one day that if you ever came back to the classroom and found all of us sitting perfectly still and making no noise, you'd drop dead."

★

The railroad section foreman, who was always driving his men in order to get the maximum efficiency from each, addressed one of the laborers.

Foreman: "Hey, Mike, why don't you lift your pick higher off the ground?"

Mike: "That I would do but you hang over my shoulder so much that I'm afraid of hitting you in the eye."

DOCTOR...DO YOU KNOW THE

FACTS

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10 YEARS OF CONSISTENT SUCCESS

The first product specifically formulated to answer the needs of modern dentistry for denture break-in without discomfort or anxiety, Benzodent has met the test of time since its introduction in 1951. Clinical tests of the effectiveness of this original multi-purpose aid to denture adjustment—with combined antiseptic, analgesic, and adhesive action—have been substantiated by widespread and constantly increasing use.

You pay less for the best — as Benzodent now comes in the widest choice of sizes to suit the needs of every practice. Space-saving carton of 36 four-gram tubes at $9 gives lowest pennies-per-patient cost. Also available from dental dealers: units of 12 four-gram tubes ($3.50), six ¼-ounce tubes ($3), single one-ounce tube ($1.50).

THOUSANDS OF SATISFIED DENTISTS

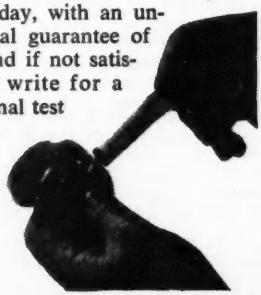
The only product of its kind that can be relied upon for simultaneous denture stabilization and pain relief is how Benzodent is regarded by the countless dentists using it routinely with new, immediate, and partial dentures.

TENS OF THOUSANDS OF HAPPY PATIENTS

Confidence and cooperation result as Benzodent comfortably encourages consistent denture wear during the break-in period, curbs post-insertion complaints and demands for emergency attention and needless trimming. The results are better control of return-visit schedules, reduction of unbillable chair time, greater patient appreciation of fine prosthetic work.

ARE YOU USING BENZODENT TO ACHIEVE HAPPIER PATIENTS AND A HEALTHIER PRACTICE?

If not, order Benzodent from your dealer today, with an unconditional guarantee of full refund if not satisfied. Or write for a professional test package:



PETER, STRONG & CO., INC.
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WHAT'S NEW

IN PRODUCT DESIGN— FUNCTION—ASSORTMENT

The purpose of this department is to provide a convenient, up-to-date source of new product information from data provided by manufacturers. You may obtain additional information by writing to them. Listing does not imply Oral Hygiene's endorsement.

Presentation Offer—Coe Ful-Vu Type A Film Mounts; order 100 any style at regular price from dealer. Included without charge is a copy of John J. Nevin's *Your Practice Management Manual*. The *Manual* contains hundreds of practical practice-building suggestions. Coe Laboratories, Inc., Chicago 21, Ill.

Compact 36-Pack — Benzodent; saves cabinet space, protectively cradles 3-dozen 4-gram tubes of multi-purpose denture adjustment aid for easy removal as needed. With existing Benzodent packaging also available, there is wide choice of containers and tube sizes to suit specific needs of practice. Peter, Strong & Co., Inc., New York 16, N.Y.

Elastic Impression Material—Easy-Mix; for all impression taking and for all techniques. Easy to mix, easy to use, requires no fixing. Gives model surface a hard, smooth finish with no chalky deposits. Available in fast or regular set. Baker Dental Division, Engelhard Industries, Newark, N.J.

Carbide Burs — S. S. White FG Nos. 170-L, 558-L, and 701-L now available. For full and three-quarter crown preparation or any preparation involving removal of tooth structure on the long axis of the tooth. Heads are approximately 50% longer than conventional heads but overall length of bur is not increased. The S. S. White Dental Mfg. Co., Philadelphia 5, Pa.

Impression Paste — Kerr Equalizing; a new type of impression paste. Is extremely heavy bodied with very little or no free flow, yet it does flow and record minute detail under slightest pressure. Recommended for full upper or lower impressions. Sets extra hard, and can be reinserted to test impressions. Kerr Mfg. Co., Detroit 8, Mich.

Interdental Hygiene — Pick-A-Dent; designed for patients' use to clean between teeth and to massage the gingiva. Inexpendable, long-wearing. Available in knife-blade end and goose-neck end. Pick-A-Dent Corp., 1068 Mission St., San Francisco, Calif.

Portable Generator — Roberts Negative Ion Generator; a table model that emits 156,664,485 ions per second. Unit also acts as an air purifier, eliminating 90% of smoke, odors, and a high percentage of airborne bacteria. Roberts Electronics, Inc., 5920 Bowcroft Ave., Los Angeles, Calif.

Denture De-Flasking Disk — Made of aluminum. Can be used many times. Eases separation and removal of cured denture from flask investment. Disk is inserted in upper flask section during pouring of stone of plaster. Available in unit package containing 25 disks. Handler Mfg. Co., Inc., 86-90 North Ave., Garwood, N.J.

Instrument Wrap — Autobag, features new assurances in sterilizing technique. Are paper bags designed to contain dental instruments during autoclaving procedures, and then to act as a storage container for instruments until used. Included with each box is a roll of Tylow Autoclave Tape, ½" x 60 yards. Will maintain sterility of contents until opened or damaged. Johnson & Johnson, New Brunswick, N.J.

Air Turbine Goggles — Medidenta; afford excellent protection with utmost comfort and aesthetic design. Protect face and eyes as well as respiratory organs against air-water mixture. Have plain lenses which can easily be inter-

(Continued on page 90)

changed with prescription lenses by opticians. Medidenta, 1420 Sixth Ave., New York 19, N.Y.

Supplex System — Cascade; a modern concept for dental operatories. Increases patient capacity and promotes a feeling of well being and relaxation to patient. A central vacuum system may be utilized to handle up to six operatories. Cascade M/D Products, Inc., P.O. Box 432, Ashland, Ore.

Universally Maneuverable Dental Unit —Swivlstool W-S (work-simplification) unit; designed for mounting on base of Swivlstool operating seat. Easily positioned to any position both laterally and up-and-down. Designed for immediate access to standard and high speed handpieces, two vacuum lines, Triplex Syringe, portable cuspidor, push button cup filter, amalgamator, and two storage drawers. Swivlstool, Inc., Warsaw, Ind.

Electric Toothbrush—Toothmaster; vibrating mechanism is housed in ivory plastic. Exposed metal parts chrome trimmed. Improved insulation to assure shock-proofing. Kit includes one toothbrush and a triple pronged massager. Single pronged massager also available for professional use. The Toothmaster Co., Racine, Wis.

Tongue Depressor—Rex; used as tongue clamp or cotton roll holder, completely immobilizes tongue. Fits comfortably, easily on lower jaw. Sterilizable. Precision Engineering Laboratory, Inc., 96 Chapel St., New Haven 13, Conn.

Toothbrush—Colgate, designed to clean teeth cleaner, treat gingiva gently. Bristles are short, tough; outer cushion bristles are longer and softer to remove hidden food specks. Colgate-Palmolive Co., Jersey City, N.J.

Color Selector—Polychrome Color Selector Kit No. 72. Provide opportunity to select and blend tooth colors and to study arrangements of anteriors right at the chair. Contain specially developed plastic Personalizers that simulate a denture base. Make accurate color and characterization results infinitely more convenient to achieve. Universal Dental Co., Philadelphia 39, Pa.

Ultrasonic Cleaning Machines and Solutions—Designed for dental office and laboratory use for cleaning dentures, partials, instruments, air turbine bearings, etc. without use of caustics or time-consuming brushing. Sizes vary from compact model for operatory use to larger Sono-Matic designed for laboratory. Tanks vary in size from 20 oz. to 4¾ qts. The line of solutions especially formulated, each for a specific cleaning problem in the office or laboratory. Ultrasonic Division, C. & E. Marshall Co., 1445 West Jackson Blvd., Chicago 7, Ill.

(Continued on page 92)

Audio Analgesia — Sonalgenic, with dentist - to - patient intercommunication. Assures over 40 db acoustic isolation for patient, and permits him to select his own program material and control music and white sound volume levels. Also designed to supply high fidelity stereophonic background music for entire suite. North American Philips Co., Inc., 525 West 52nd St., New York 19, N.Y.

Zinc-Oxide and Eugenol Cement—Temrex, developed for permanent cementation of crowns and bridges. Combines all the therapeutic properties of eugenol with physical properties of a cement. Interstate Dental Co., Inc., 220 West 42nd St., New York 36, N.Y.

Splint—GeePee, a permanent or temporary completely intraosseous synthetic apex and splint for use primarily in anterior teeth. Made of Teflon with a bendable stainless steel pin. Acts as a retentive monotooth splint in replantation and as a permanent root apex in apicoectomy. New Products Corp., 4919 East 38th Ave., Denver 7, Colo.

Ice Pack—Kwik-Kold, provides instant cold that lasts up to ½ hour. Simply squeeze plastic bag. Conforms readily to facial contours. Is non-toxic, even if bag is punctured. Helps minimize post-extraction pain, bleeding and swelling International Latex Corp., 350 Fifth Ave., New York 1, N.Y.

Toothbrush—Ion, effective in reducing fluoride application. Provides therapy for hypersensitivity adjunctive to daily oral hygiene. Small battery charges tooth enamel with a positive electrical potential, thereby increasing the adherence of the extremely negative fluoride ions to teeth. Process is as simple as electroplating and the amount of electrical flow is below human perception. Ion Co., 2518 W. Vernon Ave., Los Angeles 8, Calif.

Fidelity Federal—An eight-page booklet showing typical college and university costs in 20 schools. Also suggests savings plans, visualizing how a carefully-planned savings program can accumulate money for tuition use. Fidelity Federal Savings & Loan Association, 225 East Broadway, Glendale 5, Calif.